

**APPENDIX P2**  
**REQUEST FOR CHANGE IN PROFESSIONAL DEVELOPMENT LEAVE PLAN**  
**(Article 17 – Professional Development Leaves)**  
Foothill-De Anza Community College District

In accordance with Article 17.16 of the *Agreement* between the District and FA, faculty employees on PDL who change their plan of study, research, or travel must submit the plan change to the District Office of Human Resources for review by the PDL Committee prior to implementing the change. If prior notice is not possible submit the plan change not later than the end of the second week of the quarter or, for verifiable extenuating circumstances, at the earliest date possible. The Committee shall either approve or disapprove the amended plan. In all circumstances, changes in the plan must continue to meet the stated objectives of the leave.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Dept./Program: \_\_\_\_\_ Campus: FH\_\_ DA \_\_

*I request the following changes to my approved plan (complete one or both as necessary):*

**1. CHANGE IN DATES from Approved PDL Plan** (Attach more information as needed.)

**Quarter 1:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

**Quarter 2:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

**Quarter 3:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

Reason:

**2. CHANGE IN ACTIVITIES from Approved PDL Plan** (Attach more information as needed.)

**Quarter in which you are proposing a change (1, 2, or 3)\_\_\_\_\_:**

Approved Activity/ies (please copy from approved application)

Description of Activity	Details of Activity	Verification

Proposed New Activity/ies:

Description of Activity	Details of Activity	Verification

**How does the proposed activity (or activities) support the objectives of the leave?**

---

Faculty Signature \_\_\_\_\_

Date: \_\_\_\_\_

Dean Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this completed request form to the District Office of Human Resources**

Committee Action: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_