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| San Jose-Evergreen Community College District  Managers, Supervisors & Confidentials  Professional Development Leave (PDL) Application | ***NEWsjeccdlogo*** |

**DEADLINE:** **RECEIPT BY HUMAN RESOURCES NO LATER THAN**

**5:00 P.M., January 15**

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| MSC Member Information | | | | | | |
| Last Name |  | | First Name | | Date |  |
| Title |  | | | Department/ College | | |
| Requested Dates for PDL | Begin Date: | | | End Date: | | |
| Part 1 – Professional Development Proposal | | | | | | |
| Component | Instructions | Description | | | | |
| Need for PDL Growth | Describe how the PDL will lead to professional growth, the nature of the professional growth, and how the professional growth will enhance current strengths and/or address weaknesses . |  | | | | |
| PDL Activities | Describe the planned PDL activities and how the activities will be carried out. |  | | | | |
| Anticipated Outcomes | Describe the expected benefits the PDL will have on students, instructors, and the District. |  | | | | |
| Means of Measurement | Specify the documentation necessary to show that the PDL activities have been successfully completed. Means to measure completion must be stated explicitly. |  | | | | |
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| Part 2- Professional Development Plan | | | | | | |
| Component | Instructions | Description | | | | |
| Description of Overall Proposal | Define the project clearly. Explain the intent of the project, state how the project relates to yourassignment, indicate how the project correlates with the goals of the District/College, and substantiate the need for six months to one year leave. |  | | | | |
| Objectives | 1. Number the objectives.  2. Draft objectives clearly so thecompletion of each objective can be documented.  3. Relate the objectives to your assignment and the goals of the District/College. |  | | | | |
| Evidence of Completion | This section is critically important and should be carefully thought out.    The PDL is a contract, and in this section the applicant is indicating how he/she will provide documentation of completion of the objectives.  The applicant should be as specific as possible and avoid generalities. If the PDL consists of taking certain courses at an accredited college, then transcripts of grades are usually sufficient. Documentation of creative projects and/or travel may be more complex; however, the PDL encourages such proposals. |  | | | | |
| Relationship to Current Assignment and Strategic Plan | Indicate how the project will foster significant professional/personal growth. Specify the anticipated improvements to student learning. Document any District, College, or academic discipline support for the project and its implementation. |  | | | | |
| Calendar | 1. Provide sufficient detail to justify the PDL time requested.  2. Indicate any preplanning activities, such as completion of a course that is a prerequisite to a PDL course, admission approval, travel arrangements, etc.  3. Give details when each segment of the activities will take place.  4. Include when reports are due to the PDL. |  | | | | |
| Need for Professional Development Leave | Explain why the activities of the PDL cannot be accomplished during the regular assignment. |  | | | | |
| Signature Date | | | | | | |

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| Approval Routing | | | | | | | | | | | | |
| Supervising Administrator | | | |  | YES | | NO | | Needs Revision  (Comments Provided) | | | |
| Comments | |  | | | | | | | | | | |
| Vice President | | | |  | YES | | NO | | Needs Revision  (Comments Provided) | | | |
| Comments | |  | | | | | | | | | | |
| President | | | |  | YES | | NO | | Needs Revision  (Comments Provided) | | | |
| Comments | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Receipt | | | | | | | | | | | | |
| Human Resources |  | | | | | | | | | Date |  | |
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| Chancellor Recommendation & board of Trustees Action | | | | | | | | | | | | |
|  | | | | Action | | | | | Date | | | |
| Chancellor’s Recommendation | | | |  | | | | | Needs Revision  (Comments Provided) | | | |
| Signature | | |  | | | | | | | | Date |  |
| Board of Trustees’ Action | | | | Approved | YES | | NO | | Date | | | |
| Service contract Acceptance | | | | | | | | | | | | |
| Employee | | | | Signature & Acceptance | | | | | Date | | | |
|  | | | |  | | YES | | NO |  | | | |