Appendix E: Professional Development Leave Application

Professional Growth Leave Application

I. General Information
A. Name: ___________________________ Date: __________
B. Subject or Service Area: ____________________________
C. Start date as regular full-time administrator: __________
D. List all leaves (with dates) taken since the most recent date of full-time employment.

II. Leave Plans
A. Please indicate the semester(s) of leave requested: Full-Pay Beginning Date: ______ End Date: ______
   Half-Pay Beginning Date: ______ End Date: ______
Please use a separate sheet of paper to answer questions B, C, D.
B. Summary of Leave Plans: (Please summarize the essential elements of your leave plans, including your lists of measurable objectives and intended outcomes.)

C. Value of Leave: (Outline the value of the leave to yourself, the students and the College.)

D. Dissemination: (Describe how you will disseminate the findings of your leave.)

III. Certification and Signature of Applicant
I certify that the statements in this application are true and complete to the best of my knowledge. If I receive a professional development leave, I agree to abide by the policies of the professional development leave program and the Administrators Professional Development Program. I understand and acknowledge my obligation to reimburse the College for its costs for my salary and benefits during the term of my leave, in the event that I either do not successfully complete my professional development leave, or do not remain in the College’s employment for a period of at least one year following my return from the leave.

If my professional development leave goals, objectives, and/or activities change prior to or while on leave, it is my obligation to notify the Administrators Professional Development Working Group, in writing, of the intent of the change and to request approval before implementing the change.

Upon my return, I agree to submit a report evaluating my leave relative to the Stated Objectives. I will submit my report to the Administrators Professional Development Working Group within six weeks following the first day of my return to work.

_________________________ ________________________
Signature of Applicant Date

IV. Concurrences and Approval

_________________________ ________________________
Signature of Supervisor Date

_________________________ ________________________
Signature of Executive Administrator Date

_________________________ ________________________
Chancellor’s Approval Date

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