Print Form

San Diego Community College District
3375 Camino del Rio South
San Diego, CA 92108-3883

PROFESSIONAL DEVELOPMENT PROPOSAL**

Date: _____ ***E-mail:*** _____

Name: _____ ***ID #:*** _____

Phone Number: _____ ***Mailbox Location (Mesa only)*** _____

College/Center Assignment: _____ ***Adjunct:*** ☐ ***Full-time Faculty:*** ☐

Faculty Service Areas: ***1.*** _____ ***2.*** _____ ***3.*** _____

Proposed FSA's: ***1.*** _____ ***2.*** _____ ***3.*** _____

PART #1 - PROPOSAL: **See Article VIII of the AFT Contract**

Is this Proposal under the rules of vocational instructors? Yes ☐ No ☐

This Proposal provides for a total of _____ semester units and is designed to move me from class _____ to class _____ on the salary schedule.

*If the proposal changes, please submit a Revision to Professional Development Proposal form and attach a copy of the original proposal and any other revisions signed by the Professional Development chair. Or you can submit a new Professional Development Proposal.

If you have questions about filling out Professional Development paperwork, please read the Frequently asked Questions here.

Check all of the following that apply.

1. Is coursework part of this Proposal? Yes ☐ No ☐
College semester units to be taken to complete this Proposal. (3 quarter units = 2 semester units). Please submit official course descriptions of courses you plan to take and submit a list of the course titles and course numbers.

INSTITUTION	DEPARTMENT	LOWER DIV.	UPPER DIV.	GRADUATE	EXTENSION	START DATE
	TOTAL UNITS					

Degree to be earned if any _____

**Please note that any Professional Development paperwork turned in without the correct supplemental materials --noted under each category on this form --will be returned to faculty members without any action taken by the PDC.

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2. **Are scholarly/creative works part of this Proposal?** Yes ◯ No ◯
(If yes, the maximum number of units per class advancement is 7.5 units.)

Please include a description of your proposed project(s).

Proposed number of Units _____

(See suggested units for various Creative and Scholarly projects in the AFT contract here.)

3. **Are seminars, workshops, or conferences part of this Proposal?** Yes ◯ No ◯

Please give an estimated number of hours you will be attending this conference as a participant and as a presenter and an estimated number of units you are requesting. Remember that you will be required to attach the Professional Development Log of Hours Worksheet Form, which can be found here. This form uses Excel, which will automatically translate those hours into units using the formulas: 30 hours of attendance = 1 semester unit, 15 hours of presentation = 1 semester unit.

An official description or advertisement for this seminar/conference/workshop <u>must be submitted with this form</u>.

Seminars, workshops, or conference hours & units requested _____

4. **Is professional work experience or internship part of this Proposal?** Yes ◯ No ◯
(If yes, attach Work Experience Proposal.)

Please give an estimated number of hours you will be completing this work experience and an estimated number of units you will be requesting for this experience. Remember that you will need an original signature from your employer on your Work Experience Proposal, so you must take this Proposal with you to your job site. A Maximum of 8 semester units can be claimed during a faculty member's entire career at SDCCD.

Work Experience hours & units requested _____
(30 hours of experience = one semester unit)

***

Total Number of units from all sections being requested: _____

PART #2 - PROPOSAL DESCRIPTION:

Provide a full description of your *Professional Development Proposal* including the following information in your Proposal. (You may attach a separate sheet.)

1. Description of your *Professional Development Proposal* --a discussion of your proposal including specific objectives and goals.

2. Relevancy to current/new assignment and improvement of student learning.

3. Need for the *Professional Development Proposal*--how does your proposal meet the need for professional growth as well as the benefits to yourself, the students, and college?

I confirm that all hours listed on this form for completion of semester units for coursework, creative and scholarly work, and conferences will be spent outside my scheduled work hours, including slash time, at SDCCD; and,

I hereby submit this Professional Development Proposal for recommendation of approval to the College President and then to the appropriate person at the District Office.

Signature of Applicant

Date

PART 3 APPROVAL:

Recommendations and Signatures:

Name of Applicant: _____

Campus Site _____

Department Chair:
Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

_____

_____

Dean/Manager:
Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

_____

_____

College Professional Development Chair:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

_____

_____

Vice President:
Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

_____

_____

President:
Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

_____

_____

***Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.**