

APPENDIX I
APPLICATION FOR PROFESSIONAL ACHIEVEMENT AWARD
(Article 38 – Professional Achievement Awards)
Foothill-De Anza Community College District

Name: _____ Subject/Service Area: _____ Campus: _____

Year of Last Award: _____ Academic years being applied toward this award: ____-____, ____-____, ____-____, ____-____

Please note: In accordance with Article 38.3, “The responsibility for filing a timely and complete application shall be entirely the faculty employee’s.” All parts of the Application are required. Due Date: July 1.

Part 1. Four Evaluations

- Administrative Evaluation** (attach signed copy of Appendix J1);
- Peer Evaluation** (attach signed copy of Appendix J1);
- Student Evaluation** (attach signed copy of appropriate Appendix J3);
- Self-Evaluation** (see page 3 of this Application form).

Part 2. Verification of Professional Growth Activity

- **Nine (9) quarter units of PGA are required during the four-year PAA period.**
- **Use appropriate forms from Appendix O for filing PGA.**
- **File PGA with the Campus Personnel Office by June 1.**
- **The Campus Personnel office will provide a verification receipt to attach below.**

STAPLE RECEIPT HERE

Part 3. Record of Special Service Activity

- **List special service activities, organized on an annual basis** (see pages 4-5 of this Application Form).
- **No Special Service is required during a full academic year of Professional Development Leave** (if applicable, please so indicate below and, where appropriate, on page 4 or 5 of the Application Form).

- Academic Year 1:** _____ - _____
- Academic Year 2:** _____ - _____
- Academic Year 3:** _____ - _____
- Academic Year 4:** _____ - _____

Having fulfilled the requirements outlined in Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association, I hereby apply for a Professional Achievement Award.

Date: _____ **Signature:** _____

This completed application with required attachments must be submitted to your Division Dean by July 1. For additional information regarding the Professional Achievement Award, see Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association. For questions, please contact the Faculty Association office, 650 949-7544.

For Administrative Use Only

Recommendations:

Division Dean

____ I recommend this application
____ I do not recommend this application

Date: _____ Signature: _____
Division Dean/Supervisor

Vice President

____ I recommend this application
____ I do not recommend this application

Date: _____ Signature: _____
Vice President of Instruction or
Vice President of Student Services

President

____ I recommend this application
____ I do not recommend this application

Date: _____ Signature: _____
President

Tear Sheet

This is to confirm that a Professional Achievement Award Application was received from the faculty employee listed below:

Name: _____

Campus: _____

Department: _____

Date Received: _____

Received by: _____

SELF-EVALUATION

Provide a self-evaluation that reflects thoughtful assessment of your continuing development as an educator, including discussion of relevant accomplishments, professional growth, and future goals. You may also consider identifying challenges/problems related to your principal duties and the way(s) you have addressed them using new pedagogical theories/strategies and/or feedback from administrative, peer, and/or student evaluations. (Suggested length: 250-500 words.)

SPECIAL SERVICE ACTIVITY REPORT

- See Article 38.5 for examples of activities that qualify as Special Service.
- Provide information on your special service activities in the format prescribed below.
- Organize special service activities by academic year.
- Attach additional sheets if necessary.

Please note:
If you have used an activity (such as Tenure Review Committee service) for PGA units under Article 38.4.3, in Part 2 of this Application, you cannot re-use that activity as Special Service.

Academic Year 1: _____ - _____

Description of Activity

Dates

Nature of Participation

Academic Year 2: _____ - _____

Description of Activity

Dates

Nature of Participation

SPECIAL SERVICE ACTIVITY REPORT, continued

Academic Year 3: _____ - _____

Description of Activity

Dates

Nature of Participation

Academic Year 4: _____ - _____

Description of Activity

Dates

Nature of Participation