



AFT- Office Technical

Professional Study Leave Application

Contact Information

Name	
Site	
Department	
Work Phone	
E-Mail Address	
Supervisor	

Eligibility

How long have you been employed with the SDCCD?
Will you take a full program of study as determined by your institution?
After completion of these courses, will this fulfill your degree/certificate requirements?
What degree/certificate, if any, are you attempting to achieve?

Courses

Institution Name & City:		
Please list the courses you plan to take during your leave:		
Course Title	Course Number	Course Description



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Summary

Please write a summary detailing how professional study leave will benefit the District and you as its employee.

Agreement and Signature

By submitting this , I affirm that the facts set forth in it are true and complete. I understand that if I am approved for professional study leave I will cross-train my temporary replacement, complete all of my courses with a "C" or better, and agree to stay employed with SDCCD for a period of time equal to twice the period of my leave. Furthermore, I attest my last evaluation was satisfactory or above and I have not been involved in any type of discipline higher than a written reprimand during the last six (6) months. (See Article XII of the collective bargaining agreement for more detailed information regarding Professional Study Leave.)

Name (printed)	
Signature	
Date	



AFT- Office Technical

Professional Study Leave Application

Supervisor's Comments	

Supervisor's Approval

Name (printed)	
Signature	
Date	

Manager's Approval (If appealed)

Name (printed)	
Signature	
Date	

Committee Comments

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Committee's Approval

Name (printed)	
Signature	
Date	
Name (printed)	
Signature	
Date	
Name (printed)	
Signature	
Date	
Name (printed)	
Signature	
Date	