



## AFT Guild, Local 1931 - Classified Professionals Professional Study Leave Application

### Contact Information

Name			
Home Address			
Home City		Home Zip Code	
Site/Campus			
Department/Mailbox			
Work Phone			
E-Mail Address			
Supervisor			

### Eligibility

How long have you been employed with SDCCCD?	
Will you take a full program of study as determined by your institution? (Please attach documentation) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
After completion of these courses, will this fulfill your degree/certificate requirements? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
What degree/certificate, if any, are you attempting to achieve?	
Are you applying for a 100% time 16-week leave <u>or</u> a 50% time 32-week leave? <input type="checkbox"/> <b>100% time 16-week leave</b> <input type="checkbox"/> <b>50% time 32-week leave</b>	
What is the anticipated start date of your leave/program of study?	

### Courses

Institution Name		
<i>Please list the courses you plan to take during your leave.</i>		
Course Title/Department	Course Number	Course Description

## 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	

### Supervisor's Comments

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### Supervisor's Approval

Name (printed)	
Signature	
Date	

### Manager's Approval (If appealed)

Name (printed)	
Signature	
Date	

### Checklist

- ☐ Documentation from your institution demonstrating a full-time program of study.
- ☐ Your signature
- ☐ Your supervisor's signature

### Send Completed Application & Documentation

*You can send via any method below*

<b>U.S. Mail</b>	AFT Guild, Local 1931 3737 Camino del Rio South, Suite 410 San Diego, CA 92108
<b>Fax</b>	619-640-1154
<b>Email (preferred)</b>	aftjim@mac.com