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| Logo_MtSAC_blk-Solid-sm  **Request for Retraining Leave** |

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| Faculty Name: | |  | | |  | | Date: |  | | |
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| PID#: |  |  |  | | Current  Department: | | |  | |
|  |  |  |  | | Requested  Department: | | |  | |

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| |  |  | | --- | --- | | **Requested Length of Retraining Leave:** |  |   **Requested leave effective:** | | | | | | | |
| Start Date: |  | End Date: |  | Academic Year: |  | Select: | Fall Semester  Spring Semester  11/12 Month |

Purpose of Retraining: The purpose of retraining leave is to provide a full-time faculty member the opportunity to prepare for a change in discipline. The intent of the retraining is to avert a possible reduction in force and to meet District staffing needs; therefore, the District will determine where need exists. The need for retraining shall be determined by the District and may involve formal coursework, research, work experience, or other related activity approved by the District. (16.L.1.) Retraining must result in the applicant successfully meeting the minimum qualifications of the approved discipline.

Select all that are being requested:

Formal coursework

Research

Work Experience

Other related activity approved by the District

The faculty member, in consultation with the appropriate administrator, shall prepare a proposed retraining plan. The receiving dean shall submit a recommended plan for consideration to the Vice President. *Attach the plan to this application. If the request is for full retraining leave, faculty member will be compensated at 100% of their salary. Plans may also be designed for partial retraining leave. During the time on retraining leave, faculty is not eligible for overload or intersession assignments.*

I agree to serve the District for two contractual years upon completion of the approved plan, which resulted in achievement of minimum qualifications in the designated discipline.

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| Faculty Signature: |  | Date: |  |

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| **Administration Approval:** | | | | | | | | | |
| *Division Dean Comments:* | | | |  | | | | | |
| *Division Dean Review*: | | |  | | Date: | | |  | |
|  | | | *Printed name and signature* | | | | | | |
|  | | | | | | | | | |
| Vice President: | Preliminary Review  Approved  Denied  Final Review *(once work experience or coursework is confirmed)*  Approved  Denied | | | | | | | |
|  | | | | | Date: | |  | | |
|  | | *Printed name and signature* | | | |  | | | |
|  | | | | | | | | | |
| Verification: Each employee on an approved retraining plan must submit a verification of completion to the appropriate administrator. The verification of completion is subject to the approval of the Vice President. The verification may include, as appropriate, transcripts, verification of work experience, research reports, etc. to demonstrate compliance with the approved retraining plan. If the verification does not indicate full compliance with the approved plan, the leave may be deemed to have been wholly or in part a leave without pay requiring the employee to make financial restitution in whole or in part to the District. (16.L.4.)  Distribution:  Current & Requested Division Dean  Fiscal Services  Human Resources  Payroll  VPI  Employee | | | | | | | | | |