Individual projects are limited to a total of no more than 60% of total annual obligation.

Project (s) must be completed in designated semester. Projects that fall under this category must be well planned and professionally appropriate. Normal instructional activities, which are a part of the regular teaching responsibilities, may NOT be considered for individual staff development projects.

*CAMPUS: Alameda Laney Merritt BCC EMPLOYED: Contract Part-time*

*Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name, Middle Employee ID #

1. Title of proposed individual staff development project(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Requested Percentage of Staff Development hours for this project: \_\_\_\_\_\_\_\_ (max 60%)*

2. Please give specifics in describing this activity (use separate sheet for questions 2-4).

3. List your objectives in pursuing this activity.

4. How will the results of this project be used to enhance your professional development?

I understand that these activities contribute to the fulfillment of my employment obligations

to the District.

I certify that I will complete the above plan within the time-line specified and that all changes

will be submitted for approval to the division’s dean as an addendum to this agreement.

Instructor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have approved the individual staff development plan with an hourly commitment equal

to or greater than the project hours specified.

2nd Instructor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN THIS FORM ALONG WITH COMPLETED A SUMMARY OF PROJECT RESULTS TO THE

DISTRICT STAFF DEVELOPMENT OFFICE (NO LATER THAN 3 WEEKS BEFORE END OF SEMESTER)