

## Professional Development Leave Program for Faculty

### PURPOSE

Professional Development Leaves are designed “to provide opportunity for full-time faculty members to engage in activities that will result in improved performance. The emphasis is on the acquisition of additional skills, competencies, and knowledge that will contribute to the individual's capability at the College.” (CBA-Article 12, Section1) Activities, such as the following would be suitable for consideration for this program:

- graduate work in the faculty member's teaching field leading to an advanced degree or work experience in the occupational field in which one teaches.
- graduate work to train in another field for which the College needs instructors.
- support for a professional opportunity consistent with the goals of the College.

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### APPLICATION PROCESS

**Applicants are individually and personally responsible for submitting their request for Professional Development Leave to the Office of the Provost for Academic and Student Affairs, Attn: Gabriela Buitron, by March 3, 2008 for the 2008-2009 Academic Year.** The College President will announce awards of such leave no later than March 31, 2008.

Details regarding the leave application process, including the leave form are below.

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### LEAVE REQUEST

NAME

MDID

CAMPUS

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### PART A: TIME PERIOD - (Not more than one-half an academic year)

Indicate the terms within the 2008-2009 Academic Year for which the PDL is requested

Do you propose to combine this PDL with any other type(s) of leave?

Yes      No      If yes, please specify

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### PART B: NARRATIVE

Please answer the following questions in one page or less as specifically as possible. Include your full name, date of request, and academic rank.

1. State the purpose of your Professional Development Leave Request.
2. Describe the value of the Professional Development Leave to you, your department and to the College

As an applicant for a Professional Development Leave, I understand that I must

1. Be a full-time faculty member with five (5) consecutive years of service as a faculty member at Miami Dade College and,

2. Agree to abide by all the terms and conditions specified in the collective bargaining agreement regarding this leave (Article 12, Section 1, A). I further understand that decisions regarding this leave process are not subject to the grievance process.

Signature of Applicant

Date

As the applicant's immediate supervisor/department chair, my signature signifies that the requested leave (choose one)  
Does      Does Not      interfere with the work of the department.

Signature of Department Chair or Immediate Supervisor

Date

Received by College President's Office

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cc: Vice Provost, Human Resources

Revised: 01/08