

San Diego Community College District
3375 Camino del Rio South
San Diego CA 92108-3883

WORK EXPERIENCE AND INTERNSHIP PROPOSAL

A maximum of 8 units can be claimed salary advancement by faculty members during their entire careers at SDCCD.

Date: _____ Mailbox Location (Mesa Only): _____

Name: _____ ID#: _____

College/Center Assignment: _____

I understand that I will turn in a copy of this form with my Professional Development Proposal.

I understand I will keep the original of this form and when I've completed my work experience I will get my employer's original signature on this form and turn it in with my Report of Completion.

Name of Employer _____

Address _____

Nature of Business _____

Name of Supervisor _____

Title of Position/Job _____

Description of service to be rendered _____

How will this work further my role on campus?

I have previously received credit for a work project. Yes No

If your answer is yes, please complete the following:

Nature of Work Experience

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(Work Experience and Internship Proposal)

Period of employment: _____ From _____ To _____

Semester units of credit received: _____

I hereby certify that I will not claim credit for any other activities undertaken during the period covered by this Proposal, except for those credits which may be allowed for the Work Experience Project itself.

I also certify the the organization or business enterprise which will be my employment is not self-owned, or self-operated.

After Work Experience has been Completed

Faculty member: Please note that the following must be an original signature from your employer, so please be sure to take this form with you during your Work Experience. Faxed copies are not acceptable.

VERIFICATION OF WORK EXPERIENCE PROJECT

(Make a copy of page 1 to serve as the employer certification which must be attached to the completion report)

This is to certify that _____ was employed by us from _____
to _____ for _____ hours per day, _____ days per week
and that the nature of this employment was as represented above.

Title

Signature

Date