

REPORT OF COMPLETION OF PROFESSIONAL ADVANCEMENT PROPOSAL

Please use Adobe Reader or Acrobat Pro ONLY available here to fill out this form digitally. (Mac users, please DO NOT use Preview.)

Date	Name	ID #	Email
Phone #	College / Center Assignment	Mailbox Location (Bldg & Room #)	FULL TIME FACULTY
Faculty Service Area(s) - (Single or multiple, e.g. English - or - English, Journalism, & French)			ADJUNCT
Proposed Faculty Service Area(s) - (FSA(s) intended to be used with this proposal)			

I have completed **ALL** or **PART** of the work as described in my Professional Advancement Proposal.

Proposal dated: _____ as revised on: _____

The original proposal was designed to provide for a total of semester units and to move me from class to class on the salary schedule. This completion is for semester units.

Attached in 8 1/2" x 11" format are:

Official transcripts of approved courses verifying semester units or a new degree.

Please attach a list of the specific course titles and numbers of the courses for which you are requesting units. The titles and numbers should be identical to those on your official transcripts. Please translate quarter units into semester units--quarter units x .67 = semester units.

A one-page report for approval of scholarly/creative works.

Please attach a one-page typed description of the project, including goals, methodology (steps involved in completing the project), materials, an approximation of the time spent on the project (hours), and the completed work. This should include a rationale for the number of units being requested. Please review contract suggestions for the number of units that can be received for Individual projects

A log of hours for approval of seminars/workshops or conferences.

An official schedule of the conference/seminar (not a photocopy) is required to be attached to this completion, as is a Professional Advancement Log of Hours Worksheet Form. This form uses Excel, which will automatically translate the hours you enter into units using the formulas 30 hours of attendance = 1 semester unit, 15 hours of presentation = 1 semester unit. If the conference/workshop lasts over a series of days, please subtotal the log of hours for each day, then add a log of hours for the entire conference.

Employer's verification (original signature) of work experience or internship.

(See work experience form.)

I confirm that all hours listed on this form for completion of semester units for coursework, creative and scholarly work, and conferences will be spent outside my scheduled work hours, including slash time, at SDCCD; and, I hereby submit this Professional Advancement Completion for recommendation of approval to the College Professional Advancement Committee and then to the appropriate VP (if necessary) and personnel at the District Office.

Signature of Applicant: _____ Date: _____

Click in the signature field above to sign digitally (or configure a new digital ID if signing for the first time.)
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

APPROVAL, RECOMMENDATION & SIGNATURES

(REPORT OF COMPLETION OF PROFESSIONAL ADVANCEMENT PROPOSAL)

Name of Applicant: _____ ID# _____ Campus _____ Ph# _____

Click in the signature fields below to sign digitally (or configure a new digital ID if signing for the first time.)
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

DEPARTMENT CHAIR

RECOMMEND

CONDITIONAL RECOMMENDATION*

NOT RECOMMENDED*

Signature: _____ Date: _____

*Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.

DEAN / MANAGER

RECOMMEND

CONDITIONAL RECOMMENDATION*

NOT RECOMMENDED*

Signature: _____ Date: _____

*Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.

COLLEGE PROFESSIONAL ADVANCEMENT CHAIR

RECOMMEND

CONDITIONAL RECOMMENDATION*

NOT RECOMMENDED*

Signature: _____ Date: _____

*Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.

FOR HUMAN RESOURCES USE ONLY

EFFECTIVE DATE _____	NEW CLASS _____	STEP _____	NEW SALARY _____
INITIALS _____	OLD CLASS _____	STEP _____	OLD SALARY _____