



PETITION FOR PROFESSIONAL GROWTH

Salary and Leaves Committee

Submit completed form to Vice President of Instruction – Administration Building, Room 4-2465

PART 1: GENERAL INFORMATION

Name: _____
Last First Middle Initial A #
Email: _____ Phone: _____
Division: Select Division Department _____

I teach the following courses:

I have earned: _____ units subsequent to my baccalaureate degree.

My undergraduate major(s): _____ minor(s): _____

My graduate major(s): _____ minor(s): _____

Applicant – please continue on page 2

OFFICE USE ONLY – SALARY & LEAVES COMMITTEE/VICE PRESIDENT OF INSTRUCTION

Petition received in Office of Vice President of Instruction Date: _____ by: _____

Action of Salary and Leaves Subcommittee:

☐ Approved by: (Signature) _____
Vice President of Instruction Printed Name _____ Date _____
(Signature) _____
Salary & Leaves Committee Member Printed Name _____ Date _____

☐ Denied ☐ Pending

☐ Does not meet established criteria ☐ Not in applicant's specific area of instruction or service
☐ Not from a recognized accredited institution

Explanation:

Action of Salary and Leaves Committee (if necessary):

Faculty Member notified by: _____ via _____ Date: _____

☐ Packet forwarded to HR by: _____ via _____ Date: _____

☐ Packet returned to faculty by: _____ via _____ Date: _____

PART 2: Listing of Coursework

Note: A unit member may propose any college course or workshop for the professional growth increment. All college courses and workshops submitted for Professional Growth will require that the faculty member provide rationale as to how that course or workshop is directly related to the unit member's basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students. Courses used for the professional growth increment may not be additionally used for credit towards column crossover.

The petition for Professional Growth form shall include a copy of the published course or workshop/seminar announcement including content and dates and times of training. *(See A.6.c of Faculty Agreement)*

1. Course Name: _____ Course # _____

Course description:

Rationale of how course is directly related to basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students:

Units: _____ Number ☐ Semester ☐ Quarter
☐ Undergraduate ☐ Graduate

Name of College/University: _____

Department: _____ When will course be taken? _____

2. Course Name: _____ Course # _____

Course description:

Rationale of how course is directly related to basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students:

Units: _____ Number ☐ Semester ☐ Quarter
☐ Undergraduate ☐ Graduate

Name of College/University: _____

Department: _____ When will course be taken? _____

For additional courses, please attach additional sheets as needed.

PART 3: Listing of non-District institutes, symposia, or workshops

Please attach a copy of the formal description of courses or professional development activities, including the dates and number of hours of training.

Rationale for taking UNDERGRADUATE courses or non-district sponsored professional development activities and include how workshop is directly related to the unit member's basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students:

1. Workshop Name: _____

Workshop Description:

Rationale of how course is directly related to basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students:

Number of hours I am requesting as credit for attendance: _____ Date Taken: _____

Name of Sponsoring Organization: _____

NOTE: Verification of satisfactory completion of institutes/symposia, workshops, and vocational short-term employment must be submitted in the form of a certificate of completion or letter to the Office of Human Resources clearly stating the hours in attendance.

2. Workshop Name: _____

Workshop Description:

Rationale of how course is directly related to basic assignment, will be of direct benefit to the College, and/or will meet some educational need of students:

Number of hours I am requesting as credit for attendance: _____ Date Taken: _____

Name of Sponsoring Organization: _____

NOTE: Verification of satisfactory completion of institutes/symposia, workshops, and vocational short-term employment must be submitted in the form of a certificate of completion or letter to the Office of Human Resources clearly stating the hours in attendance.

PART 3: Approval of non-District institutes, symposia, or workshops

Approved by Division Dean
(Only required for Part 3): _____

Date: _____

Approved by Associate Vice President,
Instructional Services: _____

Date: _____

PART 4: Applicant's Statement

In submitting this request, I understand:

- a. I may be required to appear before the Salary and Leaves Committee.
- b. Approval is granted for the time requested and I may be requested to resubmit a petition if I wish to take the course(s) at any other time.
- c. All course(s), institutes, symposia, and workshops require approval for credit to be applied towards salary advancement.
- d. Only courses in which I receive a grade of "C" or better will be accepted for advancement on the salary schedule. (If pass/no pass, verification of a "C" or better grade must be received from the instructor.)
- e. Verification of satisfactory course completion must be submitted in the form of an official transcript, or, if a transcript is not obtainable, documentation satisfactory to Human Resources. Verification of satisfactory completion of institutes/symposia, workshops, and vocational short-term employment must be submitted in the form of a certificate of completion or letter to the Office of Human Resources clearly stating the hours in attendance
- f. Courses used for Column Crossover may not be used for Professional Growth.
- g. Units for Professional Growth may not be used for column crossover.

I certify:

- ☐ I have NOT previously taken any of the above courses.
- ☐ I have NOT requested (and will not) request reassigned time or reimbursement of expenses for any of the above courses.

Note: You must submit a copy of the published course or workshop/seminar announcement including content and dates and times of training.

Signature of Applicant: _____ Date: _____

PART 5: Adjunct Faculty Professional Growth Incentive

Adjunct Faculty may be paid up to six hours for attending approved on campus POD workshops. Adjunct faculty must submit a time sheet to Professional and Organizational Development for the attended workshops together with this form. Note that the New Faculty Orientation is only acceptable one time. Once POD verifies the time sheet, this form is sent to payroll with POD signature.

POD Manager Signature: _____ Date: _____

POD Manager Printed Name: _____ I verify the _____ hours of approved POD applicant attended: _____ Training.

Adjunct Faculty Member Signature: _____

Adjunct Faculty Member Printed Name: _____