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| **PART 1: GENERAL INFORMATION** |
|  |
| Name: |       |  |       |
|  | Last | First | Middle Initial |  | A # |

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|  |
| Email: |       | Phone: |       |
|  |
| Division: |  | Department |       |

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|  |
| 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***

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|  |
| *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:* |  |

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| **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. Previous approval of a course does not guarantee re-occuring approval as course relevancy may change. 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.*** |

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

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

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| Approved by Division Dean (*Only required for Part 3*): |  | Date: |  |  |
|  |  |  |  |  |
| Approved by Associate Vice President, Instructional Services: |  | Date: |  |  |

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| **PART 4: Applicant’s Statement** |
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| In submitting this request, I understand: |
|  |
|  | I may be required to appear before the Salary and Leaves Committee. |
|  |
|  | 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. |
|  |
|  | All course(s), institutes, symposia, and workshops require approval for credit to be applied towards salary advancement. |
|  |
|  | 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.) |
|  |
|  | 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 |
|  |
|  | Courses used for Column Crossover may not be used for Professional Growth. |
|  |
|  | 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: |       |  |
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| **PART 5: Adjunct Faculty Professional Growth Incentive** |
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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. Approved workshops shall include the District’s New Adjunct Faculty Orientation (one-time only) and participation in Flex Day activities each semester. Once POD verifies the time sheet, this form is sent to payroll with POD signature.

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| POD Manager Signature: |  | Date: |       |  |
| POD Manager Printed Name: |       | I verify the applicant attended: |       | hours of approved POD Training. |
| Adjunct Faculty Member Signature: |  |   |  |  |
| Adjunct Faculty Member Printed Name: |       |  |  |  |