

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

FACULTY ADVANCE FOR EQUIVALENT UNIT CREDIT

(Advance Approval is Required)

Name _____ Date _____

Work Site: SCE _____ CC _____ FC _____ Division/Department _____

Complete this form and submit to your Immediate Management Supervisor **before** the activity to assure credit on the salary schedule.

1. Check below the proposed activity (A or B) for which you are seeking approval, and complete the required information.

A. Related Work Experience:

Name of Employer:

Dates of Employment:

Hours Per Week:

Description of Duties:

How will this activity help you in your subject area?

If applicable, how does this differ from previous related experience granted?

B. Industry Sponsored Courses, Commercial Classes, In-Service Training Programs, Adult Education Classes, Professional Conferences:

Name of Sponsor:

Name of Course/Program:

Date of Attendance:

Total Hours of Attendance:

Description of Course/Program:

How will this activity help you in your subject area?

2. Have you received credit in the past for equivalent units? Yes 9 No 9

3. Is this activity to be completed outside of your normal 40-hour work week? Yes 9 No 9

Approved:

Disapproved:

Immediate Management Supervisor Date

Immediate Management Supervisor Date

Executive/Vice President/Provost Date

Executive/Vice President/Provost Date

HUMAN RESOURCES APPROVAL:

Authorized Signature: _____ Date: _____

Submit completed form and official grade card, transcripts, completion certificate or similar evidence to Human Resources by the second Friday of August.

