

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.)

Please note that any Professional Advancement paperwork turned in without the correct supplemental materials (noted under each category on this form) will be returned to faculty members without any action taken by the PAC.

Date	Name	ID #	Email
Phone #	College / Center Assignment	Mailbox Location (Bldg & Room #)	
Current Active Faculty Service Area(s) - (Single or multiple)			FULL TIME FACULTY
FSA(s) intended to be used for this proposal			ADJUNCT

PART I: PROPOSAL

(See Article VIII of the AFT Contract)

Is this Proposal under the rules of Vocational Instructors? YES NO

This Proposal provides for a total of semester units and is designed to move me from Class to Class on the salary schedule.

Note: If the proposal changes, please submit a "Revision to Professional Advancement Proposal" form and attach a copy of the original proposal and any other revisions signed by the Professional Advancement chair, or you can submit a new Professional Advancement Proposal.

Choose ONE of the following categories for this proposal and complete the corresponding section below:

- | | |
|--|---|
| <p>1. Conferences, Seminars, or Workshops</p> <p>2. Scholarly/Creative Works</p> | <p>3. Professional Work Experience or Internship</p> <p>4. Coursework</p> |
|--|---|

1. CONFERENCES, SEMINARS, OR WORKSHOPS

Please give an estimated number of hours you will be attending this conference as a participant and/or as a presenter and an estimated number of units you are requesting.

Keep in mind that 30 hours of attendance (outside of scheduled on-campus hours) = 1 unit.

Please remember that you will be required to submit a completed "Professional Advancement Log of Hours" worksheet form with your completion.

An original flier, publication, social media announcement, or advertisement for this seminar, conference, or workshop must also be submitted with this form.

Seminar, Conference, or Workshop hours requested:

Hours: Units:

2. SCHOLARLY / CREATIVE WORKS

Please attach to this form a description of your proposed project(s).

Proposed Number of Units:

3. PROFESSIONAL WORK EXPERIENCE OR INTERNSHIP

Please give an estimated number of hours you will be completing during this work experience and an estimated number of units you will be requesting. Remember that you will need an original signature from your employer on your Work Experience Proposal, so you must take this Proposal with you to your job site. A maximum of 8 semester units can be claimed during a faculty member's entire career at SDCCD.

Professional Work Experience Hours & Units requested: Hours: Units:

4. COURSEWORK

College semester units to be taken to complete this proposal (3 quarter units equals 2 semester units.) Please attach to this form the official course descriptions of the classes that you plan to take (original image sources only, e.g. scanned catalog pages, web page screenshot or PDF, etc.) and submit the list of required course information below for each class you intend to include in this proposal. (Attach additional courses if necessary.)

1) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)
2) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)
3) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)
4) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)
5) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)
6) College/University	Department	Start Date
Course Name & Number	Units	Level (Lower, Upper, Grad, Ext)

TOTAL UNITS: Lower Division Upper Division Graduate Extension

DEGREE TO BE EARNED (if any): _____

PART 2: PROPOSAL DESCRIPTION

Provide a full description of your Professional Advancement Proposal. Be sure to include the following information:

- 1. Description of your Professional Advancement Proposal: A descriptive discussion of your proposal, including specific objectives and goals.**
- 2. Relevancy to current/new assignment and improvement of student learning.**
- 3. Need for the Professional Advancement Proposal: How does your proposal meet the need for professional growth as well as providing benefits to yourself, our students, and the college?**

Please enter your proposal description below. You may attach additional sheets if necessary.

I confirm that all hours listed on this form for completion of semester units for coursework, creative & scholarly work, conferences, seminars & workshops, and work experience & internships, will be spent outside of my scheduled work hours (including slash time) at SDCCD; and, I hereby submit this Professional Advancement Proposal for recommendation of approval by the Professional Advancement Committee and then to the appropriate 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.***

PART 3: APPROVAL, RECOMMENDATION & SIGNATURES

(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 or 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 or document conditions or reasons for a conditional recommendation or not recommended.

COLLEGE PROFESSIONAL ADVANCEMENT COMMITTEE CHAIR

RECOMMEND

CONDITIONAL RECOMMENDATION*

NOT RECOMMENDED*

Signature _____ Date _____

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

VICE PRESIDENT

Coursework not directly related to the faculty member's FSA but related to meeting the minimum qualifications of another discipline or FSA may also be approved by the appropriate campus Professional Advancement Committee provided pre-approval is obtained from the appropriate Vice President. See Article VIII Section A4.3 of the AFT Faculty Union Contract for specific requirements of when this signature is required.

RECOMMEND

CONDITIONAL RECOMMENDATION*

NOT RECOMMENDED*

Signature _____ Date _____

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