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.**

Transcripts

Official transcripts of approved courses verifying semester units or a new degree.
Please have official transcripts sent directly from the unit-granting institution via email to your campus PAC Chair. Unofficial and/or paper transcripts will NOT be accepted. Please also list all courses in text field on page 2.

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

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, official conference schedule, and proof of registration/payment for seminars/workshops/conferences.
An official schedule of the conference/seminar, proof of registration/payment 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.

Transcript - Course Completion List

Provide below a full description of your completed courses as listed on your proposal and official transcript.

Please list the name of the institution, course numbers, course titles, and units 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.

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** _____