



Palomar College

Application for Salary Schedule Credit

Faculty Member Name

Department/Discipline

Office Phone Extension

Please read the appropriate section of the PFF/District contract (Section 15.2 Salary Schedule Credit) prior to completing this form.

Lower Division Coursework and Equivalency Credit Must Receive Advance Approval: Requests for advance approval shall be submitted prior to beginning the work. Submission of an application for advance approval does not guarantee approval; however, if submitted at least one month prior to the activity, the request will not be denied on the basis of date submitted.

In accordance with the Salary Schedule Credit criteria set forth in the PFF/District contract, approval for salary schedule credit is requested (Check One):

_____ Advance

_____ Final (Please submit official transcript as documentation that coursework is completed.)

1. **Lower Division Coursework:**

a. Course Name & Number: _____ Semester & Year: _____

Institution: _____ Units: _____

Rationale for request:

b. Course Name & Number: _____ Semester & Year: _____

Institution: _____ Units: _____

Rationale for request:

c. Course Name & Number: _____ Semester & Year: _____

Institution: _____ Units: _____

Rationale for request:

d. Course Name & Number: _____ Semester & Year: _____

Institution: _____ Units: _____

2. Equivalency Credit (Check One):

- a. _____ Work Experience
- b. _____ Projects

According to the PFF contract, 15.2.3. – Limit of approved equivalency credit is (6) equivalency credit units in any four-year (4-year) period.

Equivalency credit can be work experience that relates directly to the fields the academic staff member is rendering service or the work substantially increases the employee’s skills knowledge or understanding of the basic aspects of his work.

Equivalency credit can be projects that approximate academic equivalency to transfer-credit courses that will be evaluated in terms of time and effort spent on the project and the value of the project to the individual and the institution.

Estimated hours of involvement _____ (100 hours equal 3 units).

Number of units requested _____.

Have District funds and/or Associated Student funds been received for participation in this activity?

_____ Yes _____ No

Please give a brief explanation of your request, specifically identifying how the work will contribute to your professional growth. Please indicate the dates the work will be done.

To be completed by Instructional Services:

Number of equivalency credit units completed during the _____ four-year period _____
_____ equivalency

Committee Action:

_____ Advance approval granted for _____

_____ Request tabled/deferred _____ Final approval denied _____

_____ Final approval granted for _____

_____ Other action _____ Final approval denied _____

Comments:

SLC Co-chair signature and date

SLC Co-chair signature and date