



Application for Faculty Service Area (FSA)

Each full-time faculty member is automatically assigned the Faculty Service Area(s) (FSA) of the discipline(s) in which s/he is hired at time of initial appointment. Use this form to request an additional FSA to be included in your employment record. FSAs consist of discipline-specific minimum qualifications and additional department-developed competencies. All District FSAs are posted at:

<https://www2.palomar.edu/pages/facultysenate/faculty-service-areas>

Submit this form to Human Resource Services (HRS), room ST-1 when complete. Please submit one form per requested FSA. The review process is as follows:

1. HRS will review the form to ensure you meet the required minimum qualifications for the FSA.
2. **If you meet the minimum qualifications:** the Faculty Service Areas Committee will then review your request and make a recommendation to the Faculty Senate for approval of the FSA.
3. **If you do not meet the minimum qualifications:** in order to process your request further, please complete the Equivalency Qualifications Application, located at <https://www2.palomar.edu/pages/hr/equivalency-app>. The Equivalency Committee will review your equivalency request. If approved, your FSA application will then be reviewed as indicated in step 2 above. If your equivalency request is not approved, your FSA application will not be accepted. The Equivalency Committee will notify you as to the reasons why your equivalency request was denied.

Name:

Department:

Discipline(s) of Hire:

Requested FSA:

Minimum Qualifications for New FSA: Briefly indicate how you meet the state-mandated minimum qualifications for the discipline of the requested FSA. Minimum qualifications for all disciplines are posted at <http://extranet.cccco.edu/Divisions/AcademicAffairs/EducationalProgramsandProfessionalDevelopment/MinimumQualifications.aspx>. HRS will review the transcripts in your personnel file to determine whether your qualifications meet the minimum requirements. **Note: If the minimum qualifications require professional work experience** in a field related to the discipline, you must also complete one Employment Verification form (contact Human Resources for the form) for each relevant employer, including all self-employment experience. Attach additional sheets if necessary.

Competencies for New FSA: Indicate how you meet each of the required competencies for the new FSA. Attach additional pages and/or documents if necessary.

Acknowledgement: I hereby certify that the information I have provided herein is true, complete, and accurate to my best knowledge.

Signature

Date submitted

HRS: MQs met? Yes <input type="checkbox"/> No <input type="checkbox"/>		HRS Reviewer Initials: _____	HRS Review Date:
Equivalency met (if required): Yes <input type="checkbox"/> No <input type="checkbox"/> Reason denied (if applicable):		Equivalency decision date: Equivalency Committee Chair initials: _____	
FSA Committee: FSA granted? Yes <input type="checkbox"/> No <input type="checkbox"/>		FSA Committee Review Date: FSA Committee Chair initials: _____	
Reason for denial of request by FSA Committee (if applicable):			