



## Application for Individual Faculty Service Area

Each full-time faculty member is automatically assigned one or more faculty service areas (FSAs) in the discipline(s) of hire at time of hire to the District. Use this form to request an additional FSA to be included in your employment record. [Current FSAs available for application are listed here](#). **If additional space is needed to complete any section of this form, please attach additional pages.**

Submit this form to Shawna Cohen, Human Resource Services at [scohen@palomar.edu](mailto:scohen@palomar.edu) on or before February 15<sup>th</sup>. The Faculty Service Areas Committee will then review your request. Please submit one form per each requested FSA.

<b>Name:</b>	
<b>Department:</b>	
<b>Discipline(s) of Hire:</b>	
<b>Requested FSA:</b>	
<b>Part I. Evidence of Meeting Minimum Qualifications for New FSA:</b> Provide evidence of how you meet the state-mandated minimum qualifications for the discipline. <a href="#">The state minimum qualifications for all disciplines are posted here</a> .	
<p><b>Educational Qualifications.</b> Human Resource Services will review your transcripts to verify whether you meet the state-mandated minimum qualifications.</p> <p>If you do not have the necessary degrees to qualify, submit the <a href="#">Equivalency Qualifications Form</a> and attach to this form.</p> <p><b>List all applicable degrees you have earned below.</b></p>	<p><b>Professional Qualifications.</b> If professional experience is required for the minimum qualifications, you are required to submit <u>one</u> Employment Verification for <u>each</u> applicable employer. Contact Shawna Cohen as noted above to receive the Employment Verification form.</p> <p>If you possess certificates or licenses that are <u>required</u> to qualify for the FSA, attach copies to this form.</p> <p><b>List the names of the applicable employers and/or certificates or licenses below.</b></p>
<b><u>Degrees:</u></b>	<b><u>Employers/Certificates/Licenses:</u></b>
<b>Part II. Evidence of Meeting Competencies for New FSA:</b> Carefully review each competency for the FSA and indicate how you meet the requirements for <u>each</u> of the criteria. You may also attach a resume or curriculum vitae. If the FSA requires experience teaching specific courses, <b>use page 2</b> to provide details.	

**Overview of Courses Taught**

List each relevant course you have taught that meets the competencies. If more room is needed, attach an additional page(s) and use the format below.

Institution Name	Semester Taught	Year Taught	Course #	Course Title
<i>Example: CSUSM</i>	<i>Fall</i>	<i>2020</i>	<i>ENG 100</i>	<i>English Composition</i>

**Part III. Additional Information (Optional):** If you have additional information that you would like to provide in support of your request for the FSA, please provide it below. You may attach additional pages.

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

**Signature:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**HUMAN RESOURCE SERVICES and FACULTY SERVICE AREAS COMMITTEE USE ONLY**

<b>HRS:</b> MQs met? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>HRS Reviewer:</b> _____	<b>HRS Review Date:</b> _____
<b>FSA Committee:</b> FSA granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Chair Initials: _____	Review Date: _____

**Reason for denial of request, if applicable:**

Lacks evidence of minimum qualifications: \_\_\_\_\_

Deficient competency evidence in the following area(s): \_\_\_\_\_