

**Palomar College Application for Salary Schedule Credit for CTE Discipline Faculty**

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Faculty Member Name Department/Discipline

Please read the appropriate section of the PFF/District contract (Section 15.4.1 Full-Time Faculty Compensation) prior to completing this form.

In accordance with the Career Technical Extened Education Salary Schedule Credit criteria set forth in the PFF/District contract, approval for salary schedule credit is requested:

Note: 71.0 hours of training equates to 1.0 unit of graduate course work.

Rationale for approval: Trainings, licenses, and certifications must be applicable to the discipline you are teaching. When providing a rationale, the employee should demonstrate the ways in which the proposed training(s) substantially enhance one’s teaching.

**Please attach verification of the hours to complete the training, license, or certification. This may include certificates or other official documentation of hours completed.**

**Total number of trainings, licenses, and certifications being submitted:\_\_\_\_\_\_\_\_\_**

**Total Hours submitted:\_\_\_\_\_\_\_\_ Equivalent Units ( 71 hrs per unit ):\_\_\_\_\_\_\_\_**

1. **Trainings, Licenses, and Certifications (not prior to 01/01/2017)**
2. **Training, License, or Certification: \_\_\_\_\_Date Completed:   
     
   Institution: Hours:\_**

**Rationale for request:**

1. **Training, License, or Certification: \_\_\_\_\_Date Completed:   
     
   Institution: Hours:\_**

**Rationale for request:**

1. **Training, License, or Certification: \_\_\_\_\_Date Completed:   
     
   Institution: Hours:\_**

**Rationale for request:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**

**Sabbatical Leave Committee Action:**

**Approval granted for \_\_\_\_\_\_\_\_\_ hours. Fowarded to HR \_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

**Request tabled/deferred \_\_\_\_\_\_ Request denied**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SBLV Committee Co-Chair/Date SBLV Committee Co-Chair/Date**