Glendale Community College District Faculty Unit Credit Request

Name:	
Division:	
Email:	Phone/Campus Ext.:
Signature:	Date:
Total number of professional development hours and/or units that are be	eing requested: hours units
Please submit this form, along with all verifications and supporting doc FIC (SV105) or to the Faculty Development/Flex mailbox no later than The office of Faculty Development can only accommodate requests up years, all hours which have not already been reported will be forfeited. hours have not been used for Flex, all information will be forwarded to Approval of units for advancement on the salary schedule will be grant relate to classroom practice, including distance education, or to an instrict forwarded to the office of Human Resources. Per Guild contract (Articic change in salary classification for the current fiscal year must file report by October 15.	to 3 years prior to the date of submission. Beyond the three Once the Faculty Development office has verified that these the appropriate VP of Instruction for review and approval. ed only for those hours that apply to activities that directly ructor's field of study. Those approved hours will then be le VIII Section 10.I) employees who wish to qualify for a
Each full-time or adjunct faculty member, who has at least a Master's I schedule after first fulfilling their annual Flex hours. Pending approval, to 1/4 of a semester unit. Thus, 32 hours could be the equivalent of 1 ur on the salary schedule, please see Article VIII -> Section 10.D of the G Please remember that you may not use any hours that w	every 8 excess hours of professional development can equal upnit. To learn more about other ways in which one may advance slendale College Guild Faculty Contract.
On the next page, please detail the activities that you wish to have revietoward which this work applies. Please remember that approval of u only for those hours that apply to activities that directly relate to clinstructor's field of study. Please use as many sheets as necessary, an	ewed, and please explain the college duties or instruction areas nits for advancement on the salary schedule will be granted lassroom practice, including distance education, or to an
OFFICE USE	CONLY
Confirmed Non-Conflicting Hours/Units	
Faculty Development Coordinator Signature	Date
Approved Hours for Faculty Unit Credit Denied	d Hours for Faculty Unit Credit
Appropriate VP of Instruction Signature	Date:

TIME / DATE STAMP

Title of Course, Workshop, Activity, Conference, etc:	
Date/s (From-To):	
Hours/Units Requested:	
Reasons for which this course or activity was completed:	
Please explain the college duties or instruction areas toward which this work applies:	
Title of Course, Workshop, Activity, Conference, etc:	
Date/s (From-To):	
Hours/Units Requested:	
Reasons for which this course or activity was completed:	
Please explain the college duties or instruction areas toward which this work applies:	
Title of Course, Workshop, Activity, Conference, etc:	
Date/s (From-To):	
Hours/Units Requested:	
Reasons for which this course or activity was completed:	
Please explain the college duties or instruction areas toward which this work applies:	