Faculty Unit Credit Request	TIME / DATE STAMP		
Name:			
Division:			
Email:	Phone/Campus Ext.:		
Signature:	Date:		
Total number of professional development hours and/or units that are be	ing requested:	hours	units
Please submit the Faculty Unit Credit Request form, along with all verification Development, located in the Faculty Innovation Center (SV 105), to the facdev@glendale.edu no later than September 10 for the October 15th sidate. Please be sure the information is complete. The office of Faculty Inprior to the date of submission. Beyond the three years, all hours which Faculty Development office has verified that these hours have not been appropriate VP of Instruction for review and approval. Approval of unifier those hours that apply to activities that directly relate to classroom profit study. Those approved hours will then be forwarded to the office of 10.I) employees who wish to qualify for a change in salary classification. Unit Credit hours signed off on by the Faculty Development Coordinate file with the office of Human Resources no later than October 15th (Fadeadline).	Faculty Development/Flex ubmission date and March 1 Development can only accomhave not already been report used for Flex, all information ts for advancement on the sarractice, including distance element on the current fiscal year or and their respective V.P.,	mailbox, or via er 10th for the April 10th for will be forward 10th for the April 10th fo	mail to 15th submission up to 3 years ed. Once the led to the Il be granted only instructor's field e VIII Section roposed Faculty ssions must be on
Each full-time or adjunct faculty member, who has at least a Master's D 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 un on the salary schedule, please see Article VIII -> Section 10.D of the $\underline{G}$	every 8 excess hours of proint. To learn more about othe	fessional develop r ways in which o	ment can equal up
Please remember that you may not use any hours that were a	already submitted to sati	isfy a Flex oblig	gation.
On the next page, please detail the activities that you wish to have reviet toward which this work applies. Please remember that approval of unonly for those hours that apply to activities that directly relate to clinstructor's field of study. Please use as many sheets as necessary, and	nits for advancement on th assroom practice, includin	ne salary schedul ng distance educa	e will be granted ation, or to an

	OFFICE USE ONLY
Confirmed Non-Conflicting Hours/Units	
Faculty Development Coordinator Signature	Date
Notes:	
Approved Hours for Faculty Unit Credit	Denied Hours for Faculty Unit Credit
Appropriate VP of Instruction Signature	Date:
Notes:	

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: