

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources

REQUEST FOR A COLUMN ADVANCEMENT
PART-TIME FACULTY

Name: _____ CWID: _____

Appendices B.1, C, E and G of the *Agreement* between the District and the Faculty Association specifies that an intention to change column must be filed with the appropriate administrator at least one month before the beginning of an academic quarter. In accordance with this provision, I hereby certify that I have completed the following course work.

This will qualify me to advance to Column _____, effective _____ quarter.
I understand that I must verify the completed course work by submitting an official transcript(s) to the Campus Personnel Office before the beginning of the academic quarter. I further understand if I fail to submit verification of the completed course work by the beginning of the quarter, the change of column will be effective the following quarter.

Signature: _____ Date: _____

CAMPUS PERSONNEL OFFICE

Update Screen 15 for Job Codes: [9] [D] [G] [C]				(as appropriate)
Processed by: Name _____	Signature _____	Date _____		

AUTHORIZATION

Director of Budget & Personnel _____	Signature _____	Date _____
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CAMPUS PERSONNEL/ASSIGNMENTS (Administrative Assistant)

Job Assign	Prior Salary	Correct Salary	Amount Due	Job Assign	Prior Salary	Correct Salary	Amount Due

Updated by: Name _____ Signatures _____ Date _____

Copy forwarded to Payroll Office to be process in the _____ payroll.

Original: Personnel File
Yellow: Administrative Assistant
Pink: Employee