

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources

REQUEST FOR A COLUMN ADVANCEMENT
FULL-TIME FACULTY

Name: _____ Employee CWID: _____

Appendices A and B of the *Agreement* between the District and the Faculty Association specifies that an intention to change column must be filed with the appropriate administrator prior to June 30th. In accordance with this provision, I hereby certify that I have completed or will be completing the following course work/professional growth:

This will qualify me to advance to Column _____, effective the academic year _____.
I understand that I must verify the completed course/professional growth by submitting transcript and/or documentation before September 15. I further understand that if I fail to submit verification by September 15th the change of column can not be made until the following academic year.

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

HUMAN RESOURCES OFFICE

Update Screens: [16] [61] [62] [63] PASS form [] Budget Transfer []			
_____	_____	_____	_____
Processed by: Name	Signature	Date	