

APPLICATION FOR FACULTY SERVICE AREA

Name: _____ Date: _____
Last, First, M.I.

Current Position: _____ Division/Department: _____

In accordance with the provisions of Education Code Sections 87743.1 through 87743.5, and the District policies/procedures/requirements for Faculty Service Areas (FSA's), I hereby apply for the following FSA: (From the list of District Faculty Service Areas, please list below the FSA for which you are making application)

In the spaces provide below, please indicate the information, which you believe, qualifies you for the requested FSA.

- I meet the state minimum qualifications and/or local qualifications for the FSA for which I am applying. (Attach copies of appropriate documentation including but not limited to, transcripts, degrees, rationale).
- I do not meet the state minimum qualifications and/or local qualifications for the FSA for which I am applying, but I believe I can prove equivalence. (Attach copies of appropriate documentation including but not limited to, transcripts, degrees, experience, rationale).

If you are requesting equivalency, please submit your application to Human Resources one month prior to the February 15 application deadline to ensure timely review of the equivalency documentation. Your application will first be reviewed by the Hiring Standards Committee. It is recommended that individuals who are requesting equivalency reach out the Chair of the Hiring Standards Committee for guidance and support through the equivalency process.

FSA REQUESTED: _____

In the spaces provided below, please indicate the information, which you believe, qualifies you for the requested FSA:
(Attach additional supporting documentation as may be required to verify your qualifications)

Do you meet the state minimum qualification and/or local qualification for the FSA for which you are requesting? If so, please indicate qualifications below and attach copies of the appropriate documentation (i.e., transcripts, degrees).

If you do not meet the minimum qualification and/or local qualification, please see the Hiring Standards Committee for an equivalency request.

Do you meet the competency standards for the FSA for which you are applying? ([Master FSA List](#)) If so, describe below how you meet the competency standard and attach copies of the appropriate documentation, i.e., transcripts, degrees, schedules, assignments, etc.

NOTE: Some disciplines may have competency standards such as a teaching demonstration and/or interview. In the event the FSA for which you are applying requires a live meeting you will be contacted by the FSA Officer/District to schedule the competency standards meeting. If the discipline for which you are applying requires an interview and/or teaching demonstration, the FSA committee will not take action on the application until the interview and/or teaching demonstration has been completed.

Additional Documentation (i.e., transcripts, program descriptions, equivalency approval from Hiring Standards Committee) Attach additional sheets if needed

I hereby certify that all statements herein are true and factual to the best of my knowledge. I understand that this application is subject to review and evaluation through established District procedures, and that the burden of proof for verifying that I meet any and all qualifications/competency standards required for the requested FSA rests solely with me as the applicant.

Signature

An FSA application must be received in the Human Resources Office on or before February 15 during the academic year in which the application is received in order to be considered as a basis for reassignment in the event of reductions in force or program discontinuance, pursuant to the provisions of the Education Code.

(CONTINUED ON REVERSE SIDE)

SUMMARY OF ACTIONS ON APPLICATION FOR FACULTY SERVICE AREA

TO BE COMPLETED BY HUMAN RESOURCES

Applicant Name: _____

Discipline FSA applied for: _____

Documentation Received With Request:

- Application
- Transcripts
- Documentation of equivalency
- Other (please specify)

If applicable:

Date of equivalency approval: _____

Date of interview/teaching demonstration: _____

FSA REVIEW COMMITTEE ACTION

Upon review of the FSA application and all supporting documentation (including but not limited to, teaching demonstrations, transcripts, rationale, and interviews) please identify whether or not you approve or deny the FSA application. If denied please provide your reasoning.

Include any notes/documentation from teaching demonstration/interview if applicable.

Faculty Member (Discipline)

FSA Review Officer

Instructional Dean/Area Administrator

Date of Action

(Upon completion, FSA Review Committee returns the form to the FSA Review Officer)

Faculty Member: Discipline Department Chair

Documentation reviewed with the FSA application: (select all that apply)

- Transcripts
- Interview Date:
- Teaching Demonstration Date:
- Other (please specify)

Upon review of the FSA application and all supporting documentation please identify whether or not you approve or deny the FSA application.

- Approve FSA application
- Deny FSA application

If Denied, reason(s) are as follows:

Print Name:

Signature:

Date:

Faculty Member Discipline

Documentation reviewed with the FSA application: (select all that apply)

- Transcripts
- Interview Date:
- Teaching Demonstration Date:
- Other (please specify)

Upon review of the FSA application and all supporting documentation please identify whether or not you approve or deny the FSA application.

- Approve FSA application
- Deny FSA application

If Denied, reason(s) are as follows:

Print Name:

Signature:

Date:

Faculty Member Discipline

Documentation reviewed with the FSA application: (select all that apply)

- Transcripts
- Interview Date:
- Teaching Demonstration Date:
- Other (please specify)

Upon review of the FSA application and all supporting documentation please identify whether or not you approve or deny the FSA application.

- Approve FSA application
- Deny FSA application

If Denied, reason(s) are as follows:

Print Name:

Signature:

Date:

Dean/Area Manager

Documentation reviewed with the FSA application: (select all that apply)

- Transcripts
- Interview Date:
- Teaching Demonstration Date:
- Other (please specify)

Upon review of the FSA application and all supporting documentation please identify whether or not you approve or deny the FSA application.

- Approve FSA application
- Deny FSA application

If Denied, reason(s) are as follows:

Print Name:

Signature:

Date:

FSA REVIEW OFFICER

FSA Review Committee Action:

- Approved
- Denied

If denied, reason(s) are summarized as follows:

Appropriate Vice President/Director of Human Resources (or Designee) Action:

- FSA Approved FSA Denied

(This step is required only if the FSA application is approved by the FSA Review Committee.)

If denied, reason(s) are as follows:

Date of Action	Signature of Vice President (or designee)	Signature of Director of Human Resources (or designee)

Distribution of FSA Application:

Upon completion of the FSA Application review procedure, copies of FSA applications are to be distributed as follows: **Original:** employee's personnel file, **Copies to:** employee, and Faculty Senate Office (retained by FSA Review Officer). (Signature/Date below indicates that distribution of copies has been completed.)

Date Completed	Office of Human Resources

Human Resources Office Recording:

FSA Code	Faculty Service Area	Effective Date	Date Entered in Personnel File