

CERRITOS COMMUNITY COLLEGE DISTRICT

APPLICATION FOR FACULTY SERVICE AREA

Name: _____
Last, First M.I.

Date: _____

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)

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)

Educational Background/Degree(s)/Units in Subject Area(s):

Teaching Experience and Recency:

Professional and/or Vocational Experience:

Other Qualifying Information: (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 in order to be considered as a basis for reassignment in the event of reductions in force, program discontinuance, and/or lack of funding pursuant to the provisions of Education Code, during the academic year in which the application is received.

SUMMARY OF ACTIONS ON APPLICATION FOR FACULTY SERVICE AREA

Human Resources Action: FSA application is received and forwarded to FSA Review Officer for further review and action

Date

Signature of Human Resources Manager

FSA Review Officer Action: FSA application is referred to an FSA Review Committee for further review and action.

Date

Signature of FSA Review Officer

FSA Review Committee Action: Approved Denied

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

Signature of Committee Members:

FSA Review Officer

Faculty Member (Discipline)

Faculty Member (Discipline)

Faculty Member (Other)

Instructional Dean/Area Administrator

Date of Action

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

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)

FSA Review Officer - 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

Signature of FSA Review Officer

Human Resources Office Recording:

FSA Code

Faculty Service Area

Effective Date

Date Entered in Personnel File