



**FLEXIBLE SALARY ADVANCEMENT**

In accordance with LBCCFA Master Agreement Article 11.2. to receive credit for professional training and/or lower division course work

**Submission Timelines:**

Prior to enrollment in lower division courses or professional training, and by the eighth (8<sup>th</sup>) week of the primary term (fall or spring) preceding the intended start of the Flexible Salary Advancement plan, this form, with the approval of the area Dean, must be submitted to the Associate Vice President, Human Resources.

The Flexible Salary Advancement Committee shall meet by the twelfth (12<sup>th</sup>) week of the term to review and approve the plan. The Flexible Salary Advancement Committee shall inform the faculty member in writing of the reasons for disapproval and if approved, will provide a copy of their response to the faculty member.

**Upon Completion:**

Upon successful completion of professional training, including lower division coursework, it is the employee's responsibility to submit proof of completion to Human Resources.

**Salary Advancement Credit:**

- Unit-for-unit will be granted for approved special training involving lower division coursework.
- One unit will be granted for every eighteen (18) clock hours of approved professional training.
- A maximum of fourteen semester (14) units per academic year may be counted for professional training and/or lower division coursework.

**1. Applicant Information**

Date of application: \_\_\_\_\_ Faculty Name: \_\_\_\_\_

Department/Program: \_\_\_\_\_ Extension: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Flexible Salary Advancement requested (check all that apply):

- Lower Division Course Work       Professional Training  
 Number of Units \_\_\_\_\_      Number of Clock Hours \_\_\_\_\_

Applying for  Fall Semester 20\_\_\_\_  Spring Semester 20\_\_\_\_

**2. Description of Professional Training or Lower Division Coursework**

Name of training(s)/course(s):

[Empty box for description of training or coursework]

2. *Description of Professional Training or Lower Division Coursework, continued*

**Name(s) of Institution(s)/Training Entity(s):**

**Contact information/link(s):**

**Expected timeline for plan completion:**

Training/course start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

**Please provide an explanation for each of the following (attach additional sheet if needed):**

**Description of training(s)/course(s):**

**Describe expected outcomes in terms of your professional development and how this coursework/training relates to your program:**

2. *Description of Professional Training or Lower Division Coursework, continued*

**Describe how the training/coursework will be evaluated and by whom, and how the number of instructional hours will be documented and verified:**

**Faculty Signature** \_\_\_\_\_

3. **Area Dean Approval**

**Approved**     **Approved with Revisions**     **Denied**

**Dean's comments** (required if revision requested or denied):

**Area Dean Signature** \_\_\_\_\_

*continued*

**For Flexible Salary Advancement Committee Use Only**

Approved    Approved with Revisions (see comments)    Denied (see comments)

\_\_\_\_\_ (# of) Flexible Salary Advancement Credits Pre-Approved

Comments:

Committee Signatures:

\_\_\_\_\_  
Academic Senate Representative

\_\_\_\_\_  
LBCCFA Representative

\_\_\_\_\_  
Assoc. VP, Human Resources (or designee)

\_\_\_\_\_  
Area Dean

**Completion Verification (for Human Resources use only)**

Transcripts/Certification/Verification provided to Human Resources (date): \_\_\_\_\_

Type of document:    Transcript    Certification/Verification

Institution(s)/Training Entity(s): \_\_\_\_\_

Verified and placed in Personnel File by HR (name): \_\_\_\_\_

Number of credits awarded: \_\_\_\_\_

Approved by Associate Vice President, Human Resources (signature) \_\_\_\_\_