

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 30<sup>th</sup>. 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 15<sup>th</sup> 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	