

**APPENDIX Y  
ADDITIONAL FACULTY SERVICE AREA (FSA) APPLICATION**

NAME \_\_\_\_\_

CWID: \_\_\_\_\_

**LIST THE ADDITIONAL FSA(S) YOU ARE REQUESTING** (Outside of your current FSA)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DESCRIBE HOW YOU MEET THE MINIMUM QUALIFICATIONS FOR THE DISCIPLINES FOR THE FSA(S) YOU HAVE REQUESTED** (for state approved list see your Division or Senate office.) Official transcripts and documentation must be in your personnel file or, if not in your personnel file, attached here.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TO VERIFY COMPETENCY COMPLETE THE SECTION BELOW FOR EACH FSA REQUESTED.** (In accordance with article 15.6.1, you must have taught either a) three quarters, or two quarters and one summer session, in the District; or b) one full-time academic year in another accredited post-secondary institution within the last 5 years. If your experience is from another post-secondary institution, please attach verification from that school/college.)

COURSE TITLES TAUGHT

QUARTERS TAUGHT AT FHDA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Dean's Signature  
(From division of requested FSA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For office use only

Received by \_\_\_\_\_ Date \_\_\_\_\_ HRS recorded \_\_\_\_\_ Date \_\_\_\_\_  
June 2019