

**REQUEST FOR COLUMN ADVANCEMENT
PART-TIME FACULTY**

Name _____ CWID _____ CAMPUS _____

Appendices B.1, C, E and G of the *Agreement* between the District and the Faculty Association specifies that an intention to change column must be filed with the appropriate administrator at least one month before the beginning of an academic quarter. In accordance with this provision, I hereby certify that I have completed the following:

- Credentials Awarded (Official Transcript Attached) Credit courses/Professional Growth Award

This will qualify me to advance to Column _____, effective _____ quarter.

I understand that I must verify the completed course work by submitting an official transcript(s) to the Campus Personnel Office before the beginning of the academic quarter. I further understand if I fail to submit verification of the completed course work by the beginning of the quarter, the change of column will be effective the following quarter.

Signature: _____ Date: _____

CAMPUS HUMAN RESOURCES

UPDATE: Salary Worksheet Update	PEAFACT	Column Change List Update
_____ Prepared & Processed by: Name	_____ Signature	_____ Date

AUTHORIZATION

_____ Director, College Fiscal Services	_____ Signature	_____ Date
--	--------------------	---------------