

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

Name _____ CWID _____ CAMPUS _____

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 30th. In accordance with this provision, I hereby certify that I have completed or will be completing the following:

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

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 15th the change of column can not be made until the following academic year.

Signature: _____ Date: _____

CAMPUS HUMAN RESOURCES

UPDATE: Salary Placement Worksheet

Column Change Request List Update

COMPLETED REQUIREMENT: Yes No

Prepared & Processed by: Name

Signature

Date