

Instructions. Use this form to request that one or more Faculty Service Areas (FSAs) be added to your record under Article 9 of the PACCD/PCCFA Agreement. Any unit member who meets the competency standards in Section 9.3.1 may apply. **Deadline:** HR must receive the application on or before **February 15** for it to be considered in any reduction in force proceedings during that academic year (Section 9.3.3). **Equivalency:** if you qualify only through equivalency, a petition must be submitted and approved through the District Equivalency process. **Submit** this form with all supporting documents to Human Resources. HR maintains the official FSA list (Section 9.4) and will notify you of the determination in writing.

SECTION A | APPLICANT INFORMATION

NAME (LAST, FIRST)		EMPLOYEE ID
DIVISION	DEPARTMENT	DATE OF HIRE AS CONTRACT FACULTY
PCC EMAIL	PHONE	
STATUS	CURRENT FSA(S) ON FILE	
☐ Probationary ☐ Tenured		

SECTION B | FSA(s) REQUESTED

List each FSA you are applying to add, using the names on the District FSA list provided at hire (Section 9.3.2). For each, enter the basis letter from Section C.

1		
2		
3		
4		

SECTION C | BASIS FOR COMPETENCY (Section 9.3.1, check all that apply)

- ☐ **(a) Minimum qualifications or equivalency.** I hold the degree and/or experience required under the CCCCCO minimum qualifications for the discipline, or an approved equivalency.
Attach: official transcripts; verification of work experience if required; equivalency approval if applicable.
- ☐ **(b) Occupational credential.** I hold a valid California Community College Credential in the occupational discipline.
Attach: copy of the credential.
- ☐ **(c) Academic credential plus bachelor's degree.** I hold a valid California Community College Credential and a bachelor's degree in the academic discipline.
Attach: copy of the credential and official transcript showing the bachelor's degree.
- ☐ **(d) Lifetime credential.** I hold a Lifetime California Credential for the discipline of the FSA.
Attach: copy of the credential.

Work experience is verified by a Request for Verification of Work Experience Form from each employer, or a letter on the employer's letterhead stating dates of employment, duties, and full-time or part-time status.

SECTION C (continued) | DOCUMENTS ATTACHED

SECTION D | APPLICANT CERTIFICATION

I certify that the information on this application and the attached documents is true and complete. I understand that FSA competency is determined under Article 9 of the PACCD/PCCFA Agreement and may be relied on in reduction in force proceedings.

APPLICANT SIGNATURE

DATE

SECTION E | HUMAN RESOURCES USE ONLY

DATE RECEIVED

Received by Feb 15 (counts for current-year RIF)

Equivalency approval on file

Documentation complete

☐ Yes ☐ No

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No

FSA requested	Approved / Denied	Reason if denied

☐ FSA list updated (Sec. 9.4)

☐ Written notice sent to applicant

☐ Copy filed in personnel file

REVIEWED BY

TITLE

SIGNATURE

DATE

NOTES
