

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 2023