

Date:

To:

From:

Subject: Application for additional Faculty Service Areas.

My faculty service area(s) on file are:

My seniority date on file is:

In accordance with California Education Code 87743.3:

*(Each faculty member shall qualify for one or more faculty service areas at the time of initial employment. A faculty member shall be eligible for qualification in any faculty service area in which the faculty member has met both minimum qualifications pursuant to Section 87356 and district competency standards. After initial employment, a faculty member may apply to the district to add faculty service areas for which the faculty member qualifies. The application shall be received by the district on or before February 15 in order to be considered in any proceeding pursuant to Section* **87743** *during the academic year in which the application is received.)*

I am applying for an additional FSA of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this application for additional FSA’s with supporting documentation to the Human Resources Office no later than February 15 in order to be considered. Additional FSA’s, if granted, become effective the following academic year.

I verify the above information to be correct.

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

SIGNATURE Date