



**Section 2**  
**Alternative Workshop and Seminar Units Request**

1. Name of the workshop or seminar and a description.
2. Indicate the topic and number of hours (list each workshop/seminar separately).
3. Briefly describe how this activity is directly related to your professional assignment.
4. Attach all supporting documentation to include, but not limited to, the agenda, course description, sponsoring institution, accreditation of the institution, instructor qualifications, etc.
5. Provide the time line you expect to complete the activity(s).

**Section 3**  
**Work Experience Units Request**

1. Briefly describe the law, regulation, or new technology that requires you to update your competency in your discipline. Attach all relevant documentation.
2. Provide a narrative explaining the specific objective(s)/outcome(s) to be accomplished during the work experience. Attach all relevant documentation. Including but not limited to:
  - a. The description of the work experience
  - b. Name of business or agency the work experience is to be performed
  - c. Accreditation of business or agency, if applicable
  - d. Instructor qualifications
  - e. Letter from the business or agency accepting you and agreeing to allow you to perform the tasks associated with your work experience
  - f. Benchmarks for successful completion of the work experience
3. Indicate the number of hours or the work experience for each topic. (54 hours minimum required)
4. Provide the timeline you expect to complete the work experience.

**Signature**

\*Please note all approvals require review from Human Resources to ensure alignment with the contract.

<b>Print Name:</b>	
<b>Signature of Applicant:</b>	

**Below is for internal completion only:**

<b>Date Received by Office of Instruction:</b>	
<b>To be Reviewed at:</b>	FALL      SPRING

**Recommendation of the Salary Advancement Committee**

Undergraduate and Graduate Units	Alternative Workshop/Seminar Units	Work Experience Units
Approve Disapprove	Approve Disapprove	Approve Disapprove

**Signatures of Committee Members**

Faculty Member Name:	Signature:
Faculty Member Name:	Signature:
Faculty Member Name:	Signature:
Academic Manager Name:	Signature:
Academic Manager Name:	Signature:

**Recommendation of the Vice President of Instruction**

<b>Vice President of Instruction:</b>	
<b>Signature:</b>	<b>Date:</b>

Undergraduate and Graduate Units	Alternative Workshop/Seminar Units	Work Experience Units
Approve Disapprove	Approve Disapprove	Approve Disapprove

**Human Resources**

<b>Date Received:</b>	<b>HR Signature:</b>
<b>Date Faculty Notified:</b>	