

Official Merced Community College District Form **SALARY ADVANCEMENT REQUEST** Office of Instruction, *Revised – October*, 2024

Faculty members may apply for salary advancement. Fifteen (15) units are required for horizontal progression on the salary schedule. Units may be earned by successfully completing college courses or by approved equivalent alternative methods. See Article XI (4), Salary Advancement for additional information.

I acknowledge that all Salary Advancement Request activities require pre-approval.

Name: _____

Email: _____

Date: _____

Discipline: _____

Please select the type of units for salary advancement that you are requesting.

Graduate or Undergraduate Units Alternative Method (workshop or seminar) Work Experience

Section 1 Undergraduate and Graduate Units Request

Must NOT be complete at time of review (November 30th or April 30th)

- 1. Name of College: ______
- 2. Location (city and state) of college: _____
- 3. Name of accrediting agency of college: ______

4. Name of accrediting agency discipline (if applicable): ______

5. Name of course(s) (Attach the catalog description for each course to this document)

6. The units are: ______ Semester Units ______ Quarter Units

_____ Undergraduate _____ Graduate

- 7. This course(s) qualifies for salary advancement as:
 - a. Direct relationship to the faculty member's professional assignment.
 - b. Direct Benefit to the college.
 - c. Improves student success.

Provide a brief summary for any item selected above. Attach a separate document if more room is needed.

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.

Print Name:	
Signature of Applicant:	

Below is for internal completion only:

Date Received by Office of Instruction:		
To be Reviewed at:	FALL SPRIN	G

Recommendation of the Salary Advancement Committee

Alternative Workshop/Seminar Units	Work Experience Units
Approve	Approve
Disapprove	Disapprove
	Approve

Signatures of Committee Members

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

Vice President of Instruction:		
Signature:	Date:	
Indergraduate and Graduate Units	Alternative Workshop/Seminar Units	Work Experience Units
Approve	Approve	Approve
Disapprove	Disapprove	Disapprove

Human Resources

Date Received:	HR Signature:
Date Faculty Notified:	