

**Education, Experience and Professional Development (EEPD) Form**

**Academic Year 2015 – 2016**

*Submit the completed form or a narrative version including the same information*

*via email to your Unit Administrator* ***by June 30, 2016***

**Full-time Faculty:** For an increment on the full-time salary schedule, professional development activities must be included in this report. See Appendix A.3.A.

**IPR & PTF:** This form is also used by part-time faculty in the Increased Professional Responsibilities (IPR) program to document completion of the tasks described in their IPR application General part-time faculty are no longer required to complete this form to be included in the distribution of part-time faculty increments (Appendix B.3.A&B).

**First Name:**   **Last Name:**   Full-time  IPR (part-time)

**College:**   **Division/Dept:**  **Unit Administrator:**

1. **Check the category that best describes activities engaged in throughout the year which support the faculty member’s present or future instructional assignment and professional interests. Please check all that apply, completion of each is not required for an increment.**

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| **PROFESSIONAL, EXPERIENCE, AND EDUCATION DEVELOPMENT ACTIVITIES COMPLETED** |
| A. Credits necessary for undergraduate or graduate degree programs or vocational Certification or other credit courses. |
| B. Conferences, seminars, workshops, colloquia, institutes, lectures, field or research study, etc. offered by the District, other higher education institutions, involvement in industrial or professional organizations. |
| C. Activities for professional-technical certification and development. |
| D. Activities which support District, college and/or division goals (eg: division, campus, district committees, advisor for student orgs., marketing, community liaison) |
| E. Joint committee participation: joint committee and faculty representative participation. |
| F. Ex-officio faculty representatives to Board of Trustees. |
| G. Original publications, presentations. |

1. **Please list the activities you engaged in during the period from July 1, 2015 to June 30, 2016 which fall into the categories above.**

1. **Discuss how the activities support District, college and/or divisional/program goals and objectives.**

**Alternative Format: Write a narrative describing your activities as they relate to the categories above. Include specific activities and how the activities support District, college, and/or division/program goals and objectives.**

**-------------------------------------------------------------------------------------------------------------------------------**

*Signatures can be typed and submitted via email*

Faculty Signature: \_\_\_ Date:

Approval will be assumed upon submission unless the report does not contain information about professional development as discussed above and in A.5 below. Annual increases on this model will be assumed if the faculty member is not informed otherwise by the appropriate unit administrator by July 15.

If approval is not granted by the unit administrator, appeal of the decision may be made to the appropriate vice president. The final decision will be made by the Vice President.

Advancement Increment:  Approved  Denied

Rationale for denial:

Unit Administrator Signature:  Date: \_\_

**Unit Administrators**

Please forward signed forms to the Vice President of Instruction by July 15, 2016.

VP for Instruction Signature:  Date: \_\_

**Vice President of Instruction**

Please forward approved, signed forms to the Siegal Center Employee Services Office by August 1, 2016.

Melissa J. Stoner

Employee Services

**1DO100**