APPENDIX I: FACULTY SERVICE AREA APPLICATION

A faculty service area is a service or instructional subject area or group of related services or instructional subject areas in which service is performed by faculty (Ed. Code, Section 87743.1). If an official reduction-in-force of faculty occurs, seniority rights may be exercised only in the Faculty Service Area(s) to which the faculty member has been assigned. A faculty member shall be eligible for qualification of an additional faculty service area by meeting both the minimum qualifications (Ed. Code, Section 87356) and the District's competency standards (Ed. Code, Section 87743.3). For YCCD, Faculty Service Areas—Disciplines presented in the statewide list of disciplines, as found in the CCCCO Minimum Qualifications for Faculty and Administrators in California Community Colleges, current edition. Competency—Meeting the requirements outlined in Criteria A under Article 20.5.2 in the YFA Faculty Contract.

INSTRUCTIONS: Please complete this form and return it to your Academic Senate Office by October 1st. All evidence, such as transcripts, credentials, work experience verification, approved equivalencies, and resume must be attached to this form. Forms will be reviewed by faculty in or near the discipline requested and forwarded to the FSA Committee by November 1st.

Date:		Name:	
Department:		Position:	

FACULTY SERVICE AREA(S) ALREADY ASSIGNED:	ADDITIONAL FSA(S) REQUESTED:

1. **In accordance with provisions of the Education Code and the Yosemite Faculty Association Faculty Contract, I am requesting that I be assigned to additional Faculty Service Area(s) as stated above. I certify that my educational background, experience and other qualifications are equivalent to what is required for faculty members in the department. I am qualified for the discipline(s) that I am requesting to establish as Faulty Service Area(s) as follows (as found in the CCCCO Minimum Qualifications for Faculty and Administrators in California Community Colleges, current edition):**

☐ I possess a fully satisfied (Lifetime) California Community College Instructor's Credential in the following discipline(s):

☐ For disciplines requiring a Master's degree, I possess the following degrees and certifications/licenses (if applicable):*

☐ For disciplines requiring an Associate's degree and six years of full-time (or part-time equivalent) related experience OR a Bachelor's degree and two years of full-time (or part-time equivalent) related experience, I possess the following degrees, experience, or certifications/licenses (if applicable):*

☐ I have been through my college's Academic Senate equivalency process and have been approved (supporting documentation attached).

2. **In addition to meeting the minimum qualifications for a particular FSA, you must also meet the competency Criteria A under the YFA Contract Article 20.5.2. Please indicate under which area you qualify:***

☐ I have performed teaching or service in the discipline in the District for a minimum of two semesters

_____

Dean's signature verifying service ***Date***

☐ I have successfully completed (with a grade of C or better) six semester units or nine CEUs or a combination thereof of upper-division or graduate-level coursework directly related to the discipline within seven years prior to layoff notification

☐ For disciplines not requiring a master's degree, I have successfully completed six semester units or nine CEUs or a combination thereof of upper-division or graduate-level coursework directly related to the discipline within seven years of layoff notification; OR had the equivalent of 400 hours of documented work experience directly related to the discipline within seven years prior to layoff notification.

***In order for your request to be considered, you must attach supporting documentation to substantiate eligibility for the Faculty Service Area(s) as described above including transcripts, credentials, licenses, certificates, granted equivalencies, and a resume, if applicable.**

_____ _____

Applicant Signature ***Date***

ACADEMIC SENATE OFFICE USE ONLY

Date Request Received: _____

Faculty Recommendation to FSA Committee:

Name/Date: _____ ☐ Approve ☐ Deny
(Full-time discipline faculty)

Name/Date:_____ ☐ Approve ☐ Deny
(Full-time discipline faculty)

Name/Date: _____ ☐ Approve ☐ Deny
(Full-time discipline faculty)

Name/Date: _____ ☐ Approve ☐ Deny
(Full-time discipline faculty)

Name/Date: _____ ☐ Approve ☐ Deny
(Full-time discipline faculty)

Name/Date: _____ ☐ Approve ☐ Deny
(Academic Senate President)

HUMAN RESOURCES OFFICE USE ONLY

Date Request Received:_____

Faculty Service Area Committee Recommendation: ☐ Approve ☐ Deny

_____

FSA Committee Chair Signature/Date