

San Diego Community College District

Classified Professionals

Completion of Professional Development Activities

Name:		Employee ID:	
Classification:		Supervisor/Manager:	
Department:		Campus:	
Email:		Date:	

This form is submitted to verify the completion of professional development activities previously proposed and approved for salary advancement consideration within the Classified Bargaining Unit within the San Diego Community College District.

Directions:

1. Complete the above section
2. Select the completed professional development activity that has been completed
 - a. *Proposal for this completion must have already been approved*
3. Complete log of hours
4. Attach any/all supporting documents that go with your completion
5. Submit to AFT for review

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1. Select the activity that was completed

Conferences

- Proof of registration
- Full copy of the conference schedule

Workshops

- Proof of registration
- Full copy of the conference schedule

Certificates

- Proof of registration
- Certificate/Official Transcripts
- Schedule that indicates hour length of certificate

Scholarly & Creative works

- Copy of completed Scholarly/Creative work
- Timeline schedule

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2. Log of hours

For every 30 hours= 1 unit

Name of Activity	Date (s) mm/dd/yyyy	Time of event a.m.-p.m	Hours of attendance/work <i>number only</i>	Presenter hours <i>number only</i>
Total hours				
30 hours= 1 unit				

3. Attach supporting documentation

a. This information will be used to confirm hours

4. By submitting this form, I affirm that I have completed the professional activity as proposed and approved in the original submission

Employee's signature: _____

5. AFT review process: _____

AFT signature: _____

6. Compensation Department review:

New units	Banked units	Total units	Used for movement	New banked unit balance	Effective date

Range	Previous Step	Previous Salary	New Step	New Salary	Comp Initials

Notes: _____