

## RIVERSIDE COMMUNITY COLLEGE DISTRICT PLAN FOR PROFESSIONAL GROWTH – FULL TIME FACULTY (CERTIFICATED)

Print Name:	Date:
Staff ID:	College:
Position Title:	Department/Discipline:
Date of Hire:	Email:

Column advancement shall be awarded in accordance with RCCD Administrative Procedure(s) and Board Policies 6160 and 6160a. Employees shall be responsible for completing the Plan for Professional Growth documents and submitting the documents to the Professional Growth and Sabbatical Leave Committee **prior** to the start date of the course(s) for new programs and at the time of hire for currently enrolled programs. Please submit completed forms to the Office of Educational Services.

- A. Tenure Track  Long-Term Temporary (Full-Time)  Categorically Funded (Full-Time)
- B. New Program  Currently Enrolled at Time of Hire  Number of Carry-over Units at Time of Hire \_\_\_\_\_

Present Salary Placement \_\_\_\_\_ (To move from Column F to Column G required direction and cohesion – refer to AP 6160a; Section II A-6.)  
(Column / Step)

HR&ER Verification completed by: (Name / Date) \_\_\_\_\_

- C. This Plan is for the Period from \_\_\_\_\_ to \_\_\_\_\_ Number of Semester Units: \_\_\_\_\_
- D. Include an accompanying letter which describes how this proposal work fits into my plan for Professional Growth.
- E. My Plan for professional growth will include:

**Workshops** (Attach photocopy of relevant workshop materials: brochures, descriptive pamphlets, etc.)

**Publication(s)**

**Independent Study** (Attach a letter with following information.)

1. Describe what you will be doing in your project.
2. Give estimated time schedule for carrying out the project.
3. Where will this project take place?
4. With whom will you be working: co-workers, advisors, instructors, etc.?
5. What objective should be realized in undertaking this project?
6. Describe techniques, procedures, material, etc. that will be involved in the project.

**Course Work** (Attach the requested coursework form and a copy of course description from the course catalog)

Proposed Academic Institution to attend: \_\_\_\_\_

Website to the program is: \_\_\_\_\_

**Please note: If there are changes made to the academic program, i.e. courses changed/replaced, it is the responsibility of the faculty member to submit a new form and course description prior to the start date of the new class and **convert quarter units to semester units if applicable.****

Other Professional Growth Activity (Attached a letter providing a detailed description of the activity or the attached form)

