TMCC
Truckee Meadows Community College
Human Resources

PROFESSIONAL ADVANCEMENT APPLICATION

For Occupational Related Course Work

Instructions

For a full description of the Professional Advancement Program refer to the NSHE Board of Regents Procedures and Guidelines Manual, Chapter 3, Section 3.

Application for approval of occupational related course work toward professional advancement and movement on the salary schedule shall be as follows:

1. Prior to attending an occupational related course/conference/workshop:

    - Make every effort to submit an application for approval prior to course attendance.

    - Complete this application, indicating details of the course/educational event for which you are asking approval.

        o   Attach a copy of the course brochure/course schedule/course description to the form. Must include sponsoring agency and topics/subjects covered and other relevant information.

    - Submit the completed application to your Department Chair/Immediate Supervisor for a recommendation.

    - Department Chair/Immediate Supervisor will forward the application to the appropriate Dean for recommendation.

    - The Dean will forward the application to the Vice President for recommendation.

    - The Vice President, or designee, will notify the faculty member, Department Chair/Immediate Supervisor and Dean of action within twenty (20) working days of receipt of application.

    - The Vice President will forward the original application to Human Resources to be placed in personnel file.

2. Please use the Professional Advancement Application for Occupational Related Course Work Verification of Attendance to confirm your attendance if the sponsoring organization does not provide a verification of attendance form.

3. After completion of the occupational related course/conference/workshop/etc:

    - Submit the following to Human Resources:

        o   A copy of the initial application

        o   Verification of completion/attendance (official certificate of completion – or - letter from sponsoring agency – or - occupational-related course work)

    - Human Resources will forward application to the President for final approval.

    - If degree or course work completion will take longer than anticipated:

        o   Notify TMCC Human Resources and Dean/VP in writing prior to anticipated completion date

4. Salary schedule column movement occurs only after approval of the President at a new contract year.

5. Appeal for denial of professional advancement must be made in writing to Faculty Senate Chair within ten (10) working days.

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TMCC is an EEO/AA institution. See http://eeo.tmcc.edu for more information.

Professional Advancement Program for Occupational Related Course Work

Instructions: Use one sheet for each course/workshop.

GENERAL INFORMATION

First Name	Last Name

Department	Division

I request approval for the following course. Attach a copy of brochure/course schedule to this application. Must include topics/subjects covered.	

Title

Sponsoring Institution/Agency

Instructor(s):

Background/Qualifications

Location

I plan to complete this course by: *(mm/yyyy)*

Rationale for approval for the coursework being relevant. The course must either be relevant to the academic faculty member's discipline or enhance teaching/counseling/professional skills or provide benefit or enhancement:

SIGNATURES

Applicant	Date				
Department Chair/Immediate Supervisor	Recommendation Date	☐	Yes	☐	No
Dean	Recommendation Date	☐	Yes	☐	No
Vice President	Recommendation Date	☐	Yes	☐	No
Final Approval for Salary Movement *(completed by Human Resources)*					
President	Approval Date	☐	Yes	☐	No

Professional Advancement Program for Occupational Related Course Work

Instructions: Use this form to verify attendance/completion of individual courses attended during a conference or workshop, if the sponsoring institution/agency fails to provide one.

Attach a copy of brochure/course schedule for each course being listed. Must include topics/subjects covered.

VERIFICATION OF ATTENDANCE

First Name	Last Name
Department	Division

Title	Sponsoring Institution/Agency

Date of Course	Clock Hours

Instructor's Name *(print)*

Instructor's Signature

Title	Sponsoring Institution/Agency

Date of Course	Clock Hours

Instructor's Name *(print)*

Instructor's Signature

Title	Sponsoring Institution/Agency

Date of Course	Clock Hours

Instructor's Name *(print)*

Instructor's Signature

Title	Sponsoring Institution/Agency

Date of Course	Clock Hours

Instructor's Name *(print)*

Instructor's Signature