

WORK EXPERIENCE AND INTERNSHIP PROPOSAL - Page 1

A maximum of 8 units can be claimed salary advancement by faculty members during their entire careers at SDCCD

Please use Adobe Reader or Acrobat Pro ONLY available here to fill out this form digitally. (Mac users, please do not use Preview.)

Name _____ ID# _____ Date _____

Mailbox Location (Mesa Only) _____ College / Center Assignment _____

I understand that I will turn in a COPY of this form with my Professional Advancement Proposal .

I understand I will keep the ORIGINAL of this form and, when I've completed my work experience, I will obtain my employer's original signature on this form and submit it with my Report of Completion.

Name of Employer _____

Address _____

Nature of Business _____

Name of Supervisor _____

Title of Position / Job _____

Description of services to be rendered _____

How will this work further my role on campus?

I have previously received credit for a work project: YES NO

If your answer is YES, please complete the following:

Nature of Work Experience

WORK EXPERIENCE AND INTERNSHIP PROPOSAL - Page 2

Period of Employment: From _____ To _____ Semester units of credit received _____

I hereby certify that I will not claim credit for any other activities undertaken during the period covered by this Proposal, except for those credits which may be allowed for the Work Experience Project itself, and that the organization or business enterprise in which I will be employed is not self-owned or self-operated.

APPLICANT SIGNATURE: _____ DATE: _____

Click in the signature field above to sign digitally (or configure a new digital ID if signing for the first time.)
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

AFTER WORK EXPERIENCE HAS BEEN COMPLETED

FACULTY MEMBER: Please note that the following must be an ORIGINAL or DIGITAL signature from your employer, so be sure to take this form with you during your Work Experience. Faxed copies are not acceptable.

VERIFICATION OF WORK EXPERIENCE PROJECT

(Make a copy of PAGE 1 to serve as the employer certification which must be attached to the completion report.)

Please use Adobe Reader or Acrobat Pro ONLY available here to fill out this form digitally. (Mac users, please DO NOT use Preview.)

THIS IS TO CERTIFY THAT

WAS EMPLOYED BY US FROM _____ TO _____

FOR _____ HOURS PER DAY, _____ DAYS PER WEEK

AND THAT THE NATURE OF THIS EMPLOYMENT WAS AS REPRESENTED ABOVE.

SIGNATURE: _____ TITLE: _____ DATE: _____

Employer: Click in the signature field above to sign digitally (or configure a new digital ID if signing for the first time.)
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.