



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Equivalency Approval Form

A. Applicant Identification: (To be completed by the Appropriate Administrator)

Applicant's Name: _____ SSN/W#: _____

Location: Chabot Las Positas

Discipline requested: _____
(Must be from Minimum Qualification for Faculty and Administrators in California Community College approved Disciplines Lists.)

File must contain: CLPCCD employment application, equivalency application, transcripts, copy of applicable credential(s), verification of experience (provided by the applicant) prior to forwarding to Equivalency Committee Chair.

B. Applicant Qualifications: (To be completed by the Equivalency Committee Chair)

Applicant's Degrees:

Additional course work/units in subject area:

Applicant's Credentials: _____

Verified Experience: _____

C. Compare Applicant Qualifications in Section B to Minimum Qualification in Section A
(If yes in #1 is checked; yes in # 2 must also be checked.)

1. Yes No Applicant has a California Community College Credential valid for life.
If yes, credential issued in:
(Disciplines listed on Credential)

2. Yes No Meets Equivalency for Minimum Qualifications (Discipline)
in _____

Signature: _____
Equivalency Chairperson *Date*

The signature of the Equivalency Committee Chairperson signifies that the applicant file has been reviewed and this form has been appropriately completed with the documentation of education and experience provided by the applicant.

D. Per article 22E.2 of the FA-District Contract, a First Level Committee tie requires a unanimous approval of the Second Level Committee.

Approved Unanimously Denied

Please return copy of form to chairperson and original forms to Human Resources.

Reference: Article 22 - Faculty Collective Bargaining Agreement

Received by HR: _____ Posted: _____