SEATTLE COMMUNITY COLLEGE DISTRICT ANNUAL PROFESSIONAL AND EDUCATIONAL DEVELOPMENT REPORT
ACADEMIC YEAR 2004-2005

double outline = faculty enter your data here

Instructions appear when you mouse over First name cell and are printed at the end of this document.

First: | Name (Last):

Social Security Number:

Part Time	Full Time	North	South	Central	SVI
☐	☐	☐	☐	☐	☐

Academic	Prof Tech
☐	☐

Administrator:

Division/Department:

Mail Stop: | Current Step:

Total Salary Credits Applied For: 0.00

Please sign your form here

Faculty signature: _____ Date _____

Total Salary Credits Approved: _____

Unit Administrator signature: _____ Date _____
(Mandatory for approval of salary c

Total PDA's Approved : _____

Executive Dean signature (for PDA's) _____ Date _____
(Mandatory for approval of PDA's)

A. Instructional Experience Credits (per Appendix A.6) 1 yr of full-time instructional experience = 5 credits

SCCD Instructional Experience	Date(s)	*Experience Credits
		0

*** FTF should complete the professional development report form each year even of they report only the 5 experience credits**

B. Academic Credit Courses (per Article 14.1.a & 14.1.a.2) 1 credit = 1 salary credit

Course Title	Date(s)	Credits	Salary Credits
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
	B. Total:	*0.00*	*0.00*

Prof/tech faculty indicate with * activity to be claimed for PDA

C. Courses, Seminars, Workshops, etc (Per Article 14.1.a.2) 10 clock hrs = 1 salary credit

Activity	Date(s)	Hours	Salary Credits
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00

Prof/tech faculty indicate with * activity to be claimed for PDA