



ALTERNATIVE METHODS APPLICATION

(Available only to a faculty member on Schedule "A" or "Q" who is on the last regular step of any column or on any longevity step of Column IV, or on any step of Column V.)

NAME: _____ DATE: _____ DEPT.: _____

SEMESTER PROJECT WILL BE COMPLETED: _____

Identify the program for which you are applying:
(See College Handbook and/or Contract for more explanation of programs.)

- Conference/Workshop, Lower Division Credit, Job Shadowing, Educational Material, Professional Organization Activities, Independent Study Credit, Job Exchange, Publications, Work Experience, New Assignment

- 1. Briefly describe your project and/or specific objectives. Attach copies of programs where applicable. If this project/course appears to be a duplicate of one previously undertaken, explain how this one differs.
2. How will completing this activity enhance your teaching ability and/or professional development?
3. Describe what evidence will be submitted to show that the objectives have been met and how you plan to document the outcome. (For Independent Study, who will evaluate your work for its completeness?)
4. Applicant is requesting _____ units of compensation for _____ hours of work. (18 clock hours required for 1 unit of overload/release time.)
5. Applicant is requesting pay by: [] Overload Pay [] Release Time
6. Applicant signature: _____ Date: _____

Submit completed form to IPD Office. Do not proceed with activity until you receive notification of approval from IPD.

IPD USE ONLY!!
[] Approved [] Denied--Reason _____

IPD Chairperson: _____ Date: _____

Fall Project Reports are due 1st Friday of February. Spring Project Reports are due 1st Friday of September.