

## San Jose/Evergreen Community College District

## Faculty Service Area (FSA) Request Form

## **Must Be Submitted By February 15<sup>th</sup>**

## Add an FSA

- Complete District Academic Equivalency Form
- Submit to Human Resources with backup documentation, original transcripts, etc.

	Correction to FSA
	• Submit a brief explanation of what you feel is wrong with your currently listed FSA.
	Delete FSA
	• Submit a brief explanation showing reasons for your request to delete an FSA.
Name	Campus:
	(Please print):
Signat	ure: Date: