

Instructions:

- In reviewing the applicant's equivalency materials, you are responsible for confirming that the applicant has provided sufficient evidence of equivalency and completing the criteria evaluation as defined below. After your review, this form should be forwarded to the Human Resources Department to be considered by the Equivalency Committee **ALONG WITH A MEMO SUMMARIZING YOUR RECOMMENDATION** and a copy of the job announcement for the position or pool.

APPLICANT'S NAME:

POSITION/POOL (including discipline):

DEPARTMENT CHAIR / ADMINISTRATOR RECOMMENDATION

• Applicant is claiming equivalency for the required Education and/or Experience

- **Academic preparation** that I consider equivalent; transcripts and/or certificates confirm the following:

DEGREE : TOTAL UNITS COMPLETED:

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RELEVANT COURSEWORK:

RELEVANT CERTIFICATES:

- **Relevant professional/work experience** (teaching and non-teaching) that I consider equivalent; application materials confirm the following:

Related Experience: F/T P/T

TOTAL YEARS OF RELATED EXPERIENCE
(Full and part time combined)

- **Any other relevant accomplishments; specialized skills, knowledge and abilities; relevant memberships** that further qualify the applicant to be granted equivalency:

Signature/Title

Date

EQUIVALENCY COMMITTEE RECOMMENDATION

- **Academic preparation** that I consider equivalent; transcripts and/or certificates confirm the following:

DEGREE: TOTAL UNITS COMPLETED:

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RELEVANT COURSEWORK:

RELEVANT CERTIFICATES:

- **Relevant professional/work experience**(teaching and non-teaching) that I consider equivalent; application materials confirm the following:

Related Experience: F/T P/T

TOTAL YEARS OF RELATED EXPERIENCE
(full and part time combined)

- **Any other relevant accomplishments; specialized skills, knowledge and abilities; relevant memberships** that further qualify the applicant to be granted equivalency:

EQUIVALENCY COMMITTEE RECOMMENDATION:

Committee Chair Signature

Date

BOARD OF TRUSTEES RECOMMENDATION

EQUIVALENCY Approved or Denied (If denied, please indicate reason(s) on an attached sheet)

Board of Trustee Approval Signature (by Superintendent/President):