

Attention Committee Chair:

In reviewing the applicant's equivalency materials, please complete this form to confirm that the applicant has provided sufficient evidence of equivalency and completed the criteria evaluation as defined below. After your review, complete this form and forward to Human Resources to be considered by the Management Equivalency Committee.

APPLICANT'S NAME:

POSITION:

1. Applicant is claiming equivalency for the required Education and/or Experience and/or Licenses/Certificates
2. **Academic preparation** that I consider equivalent; transcripts and/or certificates confirm the following:

DEGREE:

TOTAL UNITS COMPLETED:

DEGREE:

TOTAL UNITS COMPLETED:

RELEVANT COURSEWORK:

RELEVANT CERTIFICATES:

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

Related Experience:

F/T P/T

Related Experience:

F / T P/T

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

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

Please write a memo summarizing your recommendation:

Committee Chair/Dean Signature _____ Date _____

APPROVALS

Comments:

Human Resources Administrative Signature _____ Date _____

Vice President Signature _____ Date _____

Superintendent/ President Signature _____ Date _____

Equivalency Approved or Denied (If denied, please indicate reason(s) below)