



Request for Approval of Point Credit Activity

Send this application with attached verifications to:
Los Angeles Community College District
770 Wilshire Boulevard, HR-SES Unit
Los Angeles, CA 90017

FOR OFFICE USE ONLY	
_____	Salary Point Credit Allowed
_____	Total Points to Date
Effective Date _____	
Approved _____	Denied _____
By _____	
Date _____	
Email <input type="checkbox"/>	Home Address <input type="checkbox"/>
Copy Sent _____	

Print

Name _____
Last First Middle

Address/P.O. Box _____
City State Zip Code

College assigned _____ Subject area assigned _____

Date of Request _____
Employee No. _____
Telephone No. _____

FOLLOW THESE PROCEDURES TO COMPLY WITH PROJECT REQUIREMENTS AND APPLY FOR POINT CREDIT

- See Personnel Guides B314 and B351 http://www.laccd.edu/personnel_guides/numerical_index.htm
- See Board Rule 10604 http://www.laccd.edu/board_rules/documents/Chapter%20X/Ch.%20X%20-%20Article%20VI.doc
- Complete this form C242
- Complete form C684—Proposed Itinerary for Educational Travel

Educational Travel (upon completion of your travel, use Forms C342, C341A, C341B)

1. Beginning and ending dates of proposed travel: From ___/___/___ to ___/___/___.
2. Total days: _____
3. General area of travel (states, regions, or countries): _____
4. Have you earned point credit for educational travel prior to this? Yes No
5. Does this travel include any areas in which you have lived, worked, attended school or received previous credit? Yes No
(If yes, indicate on itinerary attached)

Work Experience (upon completion of work experience, use Form C415)

1. Beginning and ending dates of proposed travel work: From ___/___/___ to ___/___/___.
2. Total weeks: _____
3. Job Title: _____ Organization: _____
4. Have you earned point credit for work experience prior to this? Yes No
5. Does this experience duplicate in any respect, previous experience for which credit was allowed? Yes No
(If yes, explain in a statement)

Private Study (upon completion of your private study, use Form C159)

1. Proposed study from ___/___/___ to ___/___/___.

2. Total number of hours of instruction: _____ Title of Study: _____

Instructor's Signature

Print Name

Title

Address: _____
City State Zip Code

Telephone No.

Email Address

Study other than Accredited College--includes foreign (upon completion of study, use Form C158)

1. Proposed study from ___/___/___ to ___/___/___.

2. Total number of hours in class: _____ Title of Study: _____

School Name: _____

School Address: _____
City State Zip Code

Instructor's Signature

Print Name

Title

Telephone No.

Email Address

FOR OFFICE USE ONLY

Begin From _____

End To _____

Location of Activity _____

Educational Travel

Work Experience

Private Study

Study in other than Accredited College

Employee's Signature

Date

Email Address