



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
 Office of Human Resources
 Faculty Service Area (FSA): Approval / Denial Form



(Please print)

Name: _____ Date: ____/____/____

W / SSN: _____

Location: Chabot LPC

The Office of Academic Services / Office of Student Services approves FSA's in:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The Office of Academic Services / Office of Student Services denies FSA's in:
 (refer to Faculty contract for appeal process)

1. _____
2. _____
3. _____

Signature: _____ Date: ____/____/____
 (Vice President of Academic Services or Vice President of Student Services)

Note: This is an original copy. Please retain for your records. A photocopy has been forwarded to the Office of Human Resources to be placed in your personnel file.

Reference: Article 22D.9 – Faculty Collective Bargaining Agreement