## PREVIOUS INSTRUCTIONAL EXPERIENCE

NOTE:

Must; Shall; Will: Should: May or Could; Can:

Clarification of Terms
These words or phrases indicate actions or activities that are essential or mandatory.
This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory.
These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.

TO WHOM IT MAY CONCERN:							
RE: Name	Columbia Program/Department						
In order to place the above named faculty member on the Columbia College salary grid they need to provide acceptable evidence of previous instructional experience. They must provide this evidence within 60 days of the commencement of their employment. If this is done their salary will be adjusted retroactively to their first day of work. Failure to do so will result in the adjustment being made on the first day of the month following submission of proof.							

In order for past instructional experience to be recognized by Columbia College for compensation purposes, the

	ng conditions must be met. Would					
1.	Your instruction normally requires its faculty to have <u>graduated</u> with at least a <u>four year</u> undergraduate degree as a condition of their employment.					
	☐ Yes [	□ No				
2.	The instructor in question was for	mally emp	oloyed by	/ your institu	tion as an <u>instructor</u> .	
	☐ Yes [	□ No				
The al	pove-named instructor taught for ou	r institutio	n on a:			
	□Full-Time Basis □P		art-Time Basis		☐% of Time if Less than Full-Time	
Please	e complete the time period below:					
Year	Month	Day	to	Year	Month	Day
			<b>-</b>			
For a	total number of instructional hours _		_	Date:		
	Name of Institution				Institutional Representation	ve (sign)
Province/State					Institutional Representative (pri	
Phone Number of Institutional Representative				P	osition of Institutional Rep	resentative
	Wh	•	•	ase fax or m	nail to:	
		Co	olumbia (	College		

802 Manning Road NE Calgary, Alberta, Canada T2E 7N8 Fax: (403) 272-3805

Document Name: Previous Instructional Experience \_\_\_\_\_\_
Document Number: ADM-F079 \_\_\_\_\_\_\_
Revision #1 \_\_\_\_\_\_NOTE: Revision Approval Date: October 15, 2006
Approved by: Tom Sne NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 - Document Control Policy and Procedures

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