



Office of Human Resources
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**SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
Unit Banking Agreement And
Record of Accumulation**

Faculty Member: _____ **Faculty Member G#:** _____

College: _____ **Division:** _____ **Discipline:** _____

Division Dean: _____ **Vice President:** _____

Date of Agreement: _____ **Semester/Year of Expected Use of Banked FLCs:** _____

Is leave a prelude to retirement: Yes No **If Yes, expected date of retirement:** _____

Date of required notification requesting use of banked FLCs (one year prior to use): _____

Semester/Year by which accumulated leave must be used: _____

Number of FLCs expected to bank: _____

Consideration for replacement(s): _____

Other Considerations: _____

Proposed unit banking plan for: _____
 Name of Faculty Member

Banking Plan **Earned FLCs**

Semester/Year	Overload Assignment (TBA)	FLCs	\$ Value	Verification for Earned FLCs	Cumulative Total FLCs

The faculty member and division dean shall review this plan after each semester and verify earned FLCs. The dean shall provide updated copies to all parties listed below.

It is my intent to bank _____ FLCs over the next _____ terms (Fall/Spring/Summer), in accordance with Article 20 of the collective bargaining agreement between the SMCCCD and AFT, Local 1493. I understand that the dollars banked must equal or exceed the value of a Step 9 hourly replacement.

 Participating Faculty Member Signature Date

Distribution:
 Division Dean
 Faculty Member
 College Business Operations Office
 District Payroll Office

 Dean’s Approval Date

 VPI’s Approval Date