

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

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

 Dean's Approval

 Date