



# Application for Second Seniority Unit Consideration

**Note:** Seniority units are established by Spokane Colleges. Spokane Colleges reserves the right to add seniority units in accordance with program additions or by mutual agreement with the Association for Higher Education (AHE). Deletions or combinations of seniority units will be done with mutual agreement with the AHE. Seniority units established as of July 1, 2025 are listed in Appendix D of the Master Contract. Please refer to that section of the contract when applying for second unit status.

## CURRENT INFORMATION

Faculty Member Name: \_\_\_\_\_  
Please print \_\_\_\_\_ Date of application\* \_\_\_\_\_

Educational Unit:     SCC     SFCC

Division/Department: \_\_\_\_\_  
Mail Stop # \_\_\_\_\_

Current Seniority Unit: \_\_\_\_\_  
Unit number                      Unit Name

**\*Note: Approved second seniority units become effective on the date of application.**

## APPLICATION INFORMATION

Prospective Seniority Unit: \_\_\_\_\_  
Unit number                      Unit Name

I meet the minimum qualifications for this seniority unit as evidenced by the following (attach supporting documentation as appropriate):

- I possess the knowledge, skills and abilities identified on a recent job announcement posted for a position within this seniority unit, and
- I have taught, or can teach as a result of training, a majority of courses representative of this second seniority unit within the past three (3) years and, in addition, also qualify under one of the following two criteria (provide supporting documentation, as appropriate [e.g., courses taught, and when taught]):
  - I possess a master's degree preparation in the discipline or equivalent, or
  - I have at least 4 years' work experience in the field of this seniority unit within the last 10 years.

## CONSIDERATION AND APPROVAL PROCESS

As appropriate administrator for the unit applied for, it is my opinion based upon the information submitted that this application meets the criteria in Article 13 Section 1 and should be approved.

Signature of Appropriate Administrator (i.e. Dean) \_\_\_\_\_ Date \_\_\_\_\_

### Route to your Vice President for Committee Consideration

<input type="checkbox"/> Approved by the Second Seniority Committee (Article 13(3) c & d)
<input type="checkbox"/> Denied by the Second Seniority Committee (Article 13(3) c & d)

Signature of appropriate Vice President \_\_\_\_\_ Date \_\_\_\_\_

Routing upon Second Seniority Committee decision is as follows:

Original to HRO                      Copy to Employee                      Copy to Appropriate Administrator                      Copy to VP Office