

Analysis & Documentation of Flex / Staff Development Activity

Directions: After undertaking the activity, please complete and submit to the Office of Academic Affairs. Payment and Flex credit will not be processed until this form has been approved by the Flex / Staff Development Committee. List dates for all activities. Refer to your contract and the current Academic Calendar to verify that your flex activities are completed on **non-contract days**.

Faculty Member

Name: _____

Instructional Area: _____ Date: _____

Contract Faculty Adjunct Faculty

Activity

This activity is: Flex Staff Development Both

Title: _____

Location: _____

Date	Start Time	End Time

Flex Credit Requested

Hours: _____ Days: _____ Funding: _____

For evaluation of approved flex video only, please rate:

Excellent Good Fair Just Passable Unsatisfactory

Description of Activity.

How will you put what you have learned into practice at the College?

Would you recommend that this activity be scheduled activity for the entire faculty / staff?

Yes No

If Yes, could you suggest a facilitator? _____

Please attach all supportive material, e.g., logs, receipts, agendas, program materials, etc.

If this is a flex activity, please complete. I certify that I have completed the number of hours and days listed above. These days are in addition to my contractual assignment with the District. This time was completed on non-teaching days. See Academic Calendar.

Faculty Signature: _____ Date: _____

Activity Approved

Flex / Staff Development Chair Signature: _____ Date: _____

VP Academic Affairs Signature: _____ Date: _____

Approved Funds

Flex

Hours: _____ Days: _____ Funding: _____

Staff Development

Funding: _____

Total

Total Funds Approved: _____