ANALYSIS & DOCUMENTATION OF FLEX/STAFF DEVELOPMENT ACTIVITY

Directions: After undertaking the activity, please complete and submit to the Instruction Office. Payment and Flex credit will not be processed until this form has been approved by the Flex/Staff Development Committee.

Name:_________________ Date of Submission:________ Instructional Area:________

☐ Contract Faculty ☐ Adjunct Faculty

This activity is: ☐ Flex ☐ Staff Development ☐ Both

ACTIVITY

Title:________________________________ Location:____________

Dates

______________      _________

______________ to __________

______________ to __________

__________________________

Hours

FLEX CREDIT REQUESTED

Hours: _______

Days: _______

Funding:_____

1. For evaluation of approved flex video tape only . . . please rate:

___Excellent ___Good ___Fair ___Just Passable ___Unsatisfactory

2. Description of activity.

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

4. Would you recommend that this activity be a scheduled activity for the entire faculty/staff?  
   Yes  ☐  No ☐

   If yes, could you suggest a facilitator?

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

6. If this is a flex activity, please complete. I certify that I have completed the number of hours and days listed above. The days are in addition to the 168 days of my teaching assignment or my contractual assignment with the District for a total of 175 days. The hours are not hours that I have regularly scheduled duties (e.g., class hours, office hours, etc.).

   ________________________________  ____________________
   Signature                                                           Date

Activity Approved:

Flex/Chair____________________Date:________

Staff Development

Approved Flex

Approved Staff Dev.

V.P. Instruction____________________Date:________

Hours:________

Days:________

Funds:________

Funds:________

Total Funds Approved:_________