

# 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.*

<b>Name:</b> _____	<b>Date:</b> _____	<b>Instructional Area:</b> _____
<input type="checkbox"/> Contract Faculty	<input type="checkbox"/> Adjunct Faculty	

<b>This activity is:</b>	<input type="checkbox"/> Flex	<input type="checkbox"/> Staff Development	<input type="checkbox"/> Both
<b>ACTIVITY</b>			
<b>Title:</b> _____	<b>Location:</b> _____		<b>FLEX CREDIT REQUESTED</b>  <b>Hours:</b> _____ <b>Days:</b> _____ <b>Funding:</b> _____
<b>Dates</b>	<b>Hours</b>	<b>to</b>	
_____	_____	_____	
_____	_____	_____	

1. **For evaluation of approved flex video 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	
V.P. Instruction _____	Date: _____

Approved Flex	Approved Staff Dev.
Hours: _____	_____
Days: _____	_____
Funds: _____	Funds: _____
Total Funds Approved: _____	