

Flex / Staff Development Proposal

Directions: Please complete and submit to the Office of Academic Affairs 30 days prior to undertaking the activity. If you cannot meet this time frame, please contact the Flex / Staff Development Committee representative from your area. Please retain documentation (e.g., logs, receipts, agendas, program materials, etc.) and include with evaluation. 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: _____

Flex Activity Category and Description

Check the appropriate state approved Flex / Staff Development activity category(ies).

- Affirmative Action Training
- Articulation
- Campuses Visitations
- Course Work
- Curriculum Development
- Grant Writing
- Improve Teaching
- Innovative Development of Instructional or Administrative Techniques
- Matriculation Projects
- Mentoring
- Orientation for New / Adjunct Faculty
- Promote Awareness of Own Professional Potential
- Research Pertaining to Institution / Profession
- Retraining
- Technological Training
- Training / Inservice Conferences
- Other (Please explain on attached sheet.)

According to the Chancellor's Office, our staff development activities should be related to the mission of the College. Below are abbreviated versions of the goals from the COS Master Plan. Mark all that apply to this activity.

- To promote professional currency and growth
- To provide a broad range of rigorous, high-quality, lower-division programs which will prepare students for successful transfer.
- To provide high-quality occupational education for students.
- To strive for diversity and promote multi-cultural awareness.
- Other, please state. _____

Please explain in detail.

List direct implications to your professional assignment.

In what ways will this activity improve student outcomes?

How could other COS staff benefit from information you obtained?

How does this activity reflect the institutional priorities of student learning outcomes (SLOs), assessment, retention, and student success?

Budget Implications

Request for funds: First Request Second Request / Resubmission

Airfare: _____

Lodging: _____

Meals: _____

Personal Car: _____

Registration Fees: _____

Total Estimated Cost: _____

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: _____