FLEX ACTIVITY REPORT FORM

ADJUNCT FACULTY

### DIRECTIONS

* All members of the teaching staff are required to participate in professional development activities that will enhance his/her performance of assigned duties.
* If you teach at least three (3) units during a regular semester, you should report two (2) hours of flex-credit for that semester. Pay for your two hours of flex credit will be attached to the last check for each semester. If hours are not reported and approved, absence forms need to be filed.
* Please print a copy of this form and complete. Ask your dean if an electronic submittal will be accepted.
* Submit a copy of this form to the dean responsible for your department no later than the first day of finals each semester you teach. Be certain to include details and explanations of usefulness about each activity. day of each semester you teach.
* Keep a copy for your records. Fall: \_\_\_\_\_\_\_\_\_\_ Spring: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Department: | |  | |
|  | | | | | | | |
| Phone: |  | Email: |  | | Total Hours Completed: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Activity Details:\* |  | | | |
|  | | | | | |
|  |  | | | | |
|  | | | | | |
|  |  | | | Hours: |  |
|  | | | | | |
|  | Note Which Criteria Your Activity Addresses:\*\* | |  | | |
|  | | | | | |
| 2. | Activity Details:\* |  | | | |
|  | | | | | |
|  |  | | | | |
|  | | | | | |
|  |  | | | Hours: |  |
|  | | | | | |
|  | Note Which Criteria Your Activity Addresses:\*\* | |  | | |
|  | | | | | |
| 3. | Activity Details:\* |  | | | |
|  | | | | | |
|  |  | | | | |
|  | | | | | |
|  |  | | | Hours: |  |
|  | | | | | |
|  | Note Which Criteria Your Activity Addresses:\*\* | |  | | |
|  | | | | | |
| 4. | Activity Details:\* |  | | | |
|  | | | | | |
|  |  | | | | |
|  | | | | | |
|  |  | | | Hours: |  |
|  | | | | | |
|  | Note Which Criteria Your Activity Addresses:\*\* | |  | | |
|  | | | | | |
|  | | | | | |
|  | | |  | | |
| **Signature** | | | **DATE:** | | |

# Submit Completed Forms to Your Dean by Finals Each Semester

\* Activity Details include such specifics as title, date, time, involvement, session titles, etc. If the activity did not require that your complete a travel form, please attach some paperwork to clarify the activity (announcement flyers, conference programs, etc.)

\*\* Each activity needs to meet at least one of the nine approved criteria listed below. For each activity you claim toward fulfilling your flex hour obligation, please note by number(s) which of these categories are being addressed and explain how the activity improved your teaching:

Nine Approved Criteria:

* 1. Improvement of Teaching
  2. Maintenance of Current Academic and Technical Skills and Knowledge
  3. In-Service Training for Vocational Education and Employment Preparation Programs
  4. Retraining to Meet Changing Institutional Needs
  5. Intersegmental Exchange Programs
  6. Development of Innovations in Instructional and Administrative Techniques and Programs
  7. Computer and Technological Proficiency
  8. Courses and Training Implementing Affirmative Action and Upward Mobility Programs
  9. Other Activities Determined to Be Related to Educational and Professional Development—please specify

NOTE: When Staff Development submits its annual reports to the State, campus and individual activities are reported and categorized around these nine criteria. These reports help detail our ongoing need for increased funding from the State. Your help is appreciated.