Staff Development Flex Agreement

Name _____ ☐ **Fall** ☐ **Spring** _____ **Year**

Dept/Div _____ Date _____

☐ Full-time Contract ☐ Partial Contract _____% ☐ Adjunct # _____ units ☐ Original ☐ Amended

Instructions

Please complete this form indicating the schedule of activities you plan to attend, *and* ***return all copies to your dean by the end of flex week***. Faculty may fulfill their flex requirement by attending workshops on flex days, participating in advisement at registration, or performing individual projects on designated flex days. Any exceptions to this policy must be approved by your dean.

When this form is returned to you after flex week, fill in the completed section. **NOTE:** ***Both this form and the Individual Activities Form are required for individual activities.***

If you need to change your Staff Development plan, submit a new form, indicating that it is an amended version and include all scheduled activities.

Full-time faculty have a minimum time commitment of 24 flexible hours per academic year ***plus two fall semester mandatory days and one spring semester mandatory day***.

Partial contract faculty are required to participate in a minimum time commitment, which is prorated on a percentage basis of an individual's contract.

Adjunct faculty are required to participate in at least ***one hour of flex activity per teaching unit*** each semester.

Scheduled Activities

Date	Title of Workshop, Seminar, Faculty Advisement, Retreat, or Individual Activity	Hours
	Division Day (Required Full-time Contract Faculty)	
	All College Day (***Fall Semester only***) (Required Full-time Contract Faculty)	

Subtotal of scheduled hours ____0____

Subtotal of individual activities _____

Faculty Signature _____

Dean Signature _____ Date _____

Completed
My signature here certifies completion of the activities and hours agreed to:

Total hours completed: _____

Faculty Signature _____ Date _____

Dean Signature _____ Date _____

Revised 10-16-02