

# FULL-TIME FACULTY

## In-service Attendance Form

Spring Semester Flex Day – March 9, 2017

Name: \_\_\_\_\_ Division: \_\_\_\_\_

I attended Flex Day on March 9, 2017 for a total of \_\_\_\_\_ hours. (Please attach a leave report for any attendance less than the 6 required hours)

COMPLETED FLEX DAY:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean Signature

\_\_\_\_\_  
Date

**\*\*\*\*Return the completed form to your Division office for Dean's signature\*\*\*\***

---