

# FULL-TIME FACULTY

## IN-SERVICE ATTENDANCE FORM FALL SEMESTER FLEX DAY – August 16, 2013

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

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

Participation in the following activities: (Please Mark each one attended)

\_\_\_\_\_ State of the College Address

\_\_\_\_\_ Learning Outcomes

\_\_\_\_\_ Workshops

\_\_\_\_\_ Division Meeting

**Total Number of Flex Hours:** \_\_\_\_\_

*(Six hours required for full-time assignment)*

**Counseling (in lieu of Flex):** \_\_\_\_\_

**Sick/P.N.** \_\_\_\_\_

*(Specify and file absence form)*

COMPLETED FLEX DAY

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*\*\*\*Return the completed form (with Dean's signature) to the Human Resources  
Office Mailbox or Office (Room 121)\*\*\*\***