

**FULL-TIME FACULTY**  
**In-service Attendance Form**  
**Fall Semester Flex Day – August 11, 2017**

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

I attended Flex Day on August 11, 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\*\*\*\***

---