FULL-TIME FACULTY
IN-SERVICE ATTENDANCE FORM
FALL SEMESTER FLEX DAY - August 17, 2012

Name: __________________ Division: _________________________

Participation in the following activities: (Please Mark each one attended)
______ State of the College Address ______ Integrated Planning Cycle Break Out
______ PM 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)****

EVALUATION REPORT-August 17, 2012 FLEX DAY

Please rate the following activities on a scale of 1 to 10 with 1 being the worst and 10 being the
BEST EVER attended! (Circle the number to rate each activity)

1 2 3 4 5 6 7 8 9 10 State of the College Address
1 2 3 4 5 6 7 8 9 10 AM Workshops
1 2 3 4 5 6 7 8 9 10 Integrated Planning Cycle Break Out
1 2 3 4 5 6 7 8 9 10 Division Meeting
1 2 3 4 5 6 7 8 9 10 FLEX DAY Overall Impression

Comments: _____________________________________________________________

Future Topics of Interest: _____________________________________________

Any Topic You Would Like to Present? (Please, include name so we can contact you) _________
________________________________________________________________________

This form may be submitted as a whole or separately (if you wish your evaluation to be anonymous). Your evaluations / comments will be used to make future flex activities worthwhile and meet the instructional improvement needs of faculty.

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Office Mailbox or Office (Room 121)****