

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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