**FULL-TIME FACULTY**

**IN-SERVICE ATTENDANCE FORM**

**FALL SEMESTER FLEX DAY – January 14, 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)****

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**EVALUATION REPORT-January 14, 2013 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)

<table>
<thead>
<tr>
<th>1 2 3 4 5 6 7 8 9 10</th>
<th>State of the College Address</th>
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</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Learning Outcomes</td>
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<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Workshops</td>
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<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Division Meeting</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>FLEX DAY Overall Impression</td>
</tr>
</tbody>
</table>

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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