

FULL-TIME FACULTY
IN-SERVICE ATTENDANCE FORM
SPRING SEMESTER FLEX DAY – January 17, 2014

Name: _____ Division: _____

I attended Flex Day on January 17, 2014 (6 hours are required)

Sick/P.N. _____

(Specify and file absence form)

Counseling (in lieu of Flex): _____

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)******
