

**IN-SERVICE ATTENDANCE FORM – HOURLY FACULTY
FALL SEMESTER FLEX DAY - August 13, 2010**

Name: _____

Division: _____

Participation in the following activities is with pay up to 3 hours: (Please Mark each one attended)

_____ State of the College Address

_____ SLO Breakout (a.m.)

_____ Workshops

_____ Division Meeting

_____ Workshops

Total Number of Flex Hours: _____

(Three hours maximum pay for Hourly Instructors)

COMPLETED FLEX DAY		Maximum 3 Hours	
_____	Date	_____	Date
Hourly Faculty Signature		Division Dean Signature	

*****Return the completed form (with Dean's signature) to Human Resources Office
Mailbox or Office (Room 121)*****

EVALUATION REPORT- August 13, 2010 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 | SLO Breakout (Department) _____ |
| 1 2 3 4 5 6 7 8 9 10 | Workshops _____ |
| 1 2 3 4 5 6 7 8 9 10 | Workshops _____ |
| 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 can be submitted as a whole or separately (if you wish your evaluation to be anonymous). Your evaluations / comments will be used to schedule future flex activities to meet the needs of faculty.

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