



**Shasta  
College**

**HUMAN RESOURCES OFFICE**

Patricia Demo, Associate Vice President of Human Resources  
Telephone: 242-7649

Date: January 6, 2011  
To: Faculty  
From: Patricia Demo, Associate Vice President of Human Resources  
Re: Spring 2011 FLEX Day Activities

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The professional development committee, "Invest In Our People," is pleased to offer Shasta College faculty a variety of workshops during the Spring 2011 FLEX day on Tuesday, January 18, 2011. In order to provide workshops that are enriching and interesting, we need feedback from you. Please take a minute to fill out the evaluation form on the reverse side of this memo. You will also find the In-Service Attendance form, which must be completed to receive credit for your participation in the day's activities.

The committee would like to welcome you back and wish you a great spring semester. Please feel free to contact any member of the committee: Candace Byrne, Lauren Crenshaw, Teresa Doyle, Roger Gerard, Debbie Goodman, Scott Gordon, Shelly Presnell, Cindy Sandhagen, Brian Spillane, and Diane Yorks.

**IN-SERVICE ATTENDANCE FORM  
 SPRING SEMESTER FLEX DAY - January 18, 2011**

Name: \_\_\_\_\_

Division: \_\_\_\_\_

Participation in the following activities: (Please Mark each one attended)

\_\_\_\_\_ State of the College Address

\_\_\_\_\_ AM Workshops

\_\_\_\_\_ PM Workshops

\_\_\_\_\_ AM Workshops

\_\_\_\_\_ 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-January 18, 2011 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 | AM Workshops _____           |
| 1 2 3 4 5 6 7 8 9 10 | PM Workshops _____           |
| 1 2 3 4 5 6 7 8 9 10 | PM 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 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.

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