

**IN-SERVICE ATTENDANCE FORM – ADJUNCT FACULTY
FALL SEMESTER FLEX DAY – August 12, 2011**

Name: _____

Division: _____

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

_____ State of the College Address

_____ AM Workshops

_____ AM Workshops

_____ Division Meeting

_____ PM Workshops

_____ PM Workshops

Total Number of Flex Hours: _____

(Three hours maximum pay for Adjunct Instructors)

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 12, 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.

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