

PART-TIME FACULTY
In-service Attendance Form
Fall Semester Flex Day – August 11, 2017

Name: _____ Division: _____

I attended Flex Day on August 11, 2017 for a total of _____ hours.* (6 hours maximum)

*You will be credited up to 3 additional hours beyond the 3 paid hours available to everyone if you have been allocated additional flex hours for Fall 2017.

COMPLETED FLEX DAY:			
_____		_____	
Faculty Signature	Date	Division Dean Signature	Date

******Return the completed form to your Division office for Dean's signature******
