

Semester:

Fall _____

Spring _____

Flex Activities Professional Development Verification Form

First Name: _____

Needed to process.

Last Name: _____

Last 4 digits SSN#:

Department: _____

Date: _____

A. Regular Faculty:

- 12 mandatory hours per academic year (Institutional days on 8/18/06 & 1/16/07)
there will be no "make up" for these hours.
- 12 flexible hours - activities to occur between July 1, 2006 and MAY 1, 2007. Maximum 6 hours per day.

B. Adjunct Faculty (includes Non-Credit, Unit A):

- Your obligation is the total number of hours you would teach a semester length class on the following days:
 - Fall 2006 semester (begins 8/16/06)- Wednesdays and/or Fridays
 - Spring 2007 (begins 1/16/07) - Tuesdays and/or Fridays
 Adjunct Faculty will be able to fulfill their obligation on the Institutional day or through flex activities that take place during the semester in which they teach.

C. Flex activities can be fulfilled ONLY through approved staff development activities.

D. Full Flex Pilot Guidelines available on the Staff Development website: www.santarosa.edu/src

CIRCLE Category of Flex Activity:

A. Approved Activities:
Staff Development
Menu of Choices

B. Special Group Flex
Activity
(pre-approval required)

C. Independent Flex
Activity
(pre-approval required)

Date of Activity: _____ # of Hours: _____

Activity/Video# _____

Flex Activity TITLE: _____

Flex Activity DESCRIPTION:

I certify that I have completed the professional development flex hours identified above outside of my other paid assignments.

Signature _____

Date _____

RETURN TO: STAFF DEVELOPMENT OFFICE, or FAX: 707-522-2651

Regular Faculty: ALL FORMS DUE ON OR BEFORE MAY 1

Adjunct Faculty: Fall 06, Due DEC. 1, 2006 – Sp 07, Due MAY 1, 2007