Staff Development Individualized Flex Activities Agreement

Instructions
For each individual activity, complete the information on the top half of the page and return the form by the required date to your dean. Once you have completed this activity, complete the bottom half of the form and return it to your dean. Attach documentation if appropriate.

NOTE: Both this form and the Staff Development Flex Agreement Form are required for individual activities.

Name ___________________________  Fall  Spring  ________________________

Dept/Div ___________________________  Total Hours ________________________

Activity ___________________________  (one day = 4 hours)

Date(s) of Activity ______________________

1. Describe the activity in reasonable detail.

2. How will this activity benefit you, your students, and/or the college?

Dean Signature ___________________________  Date ______________

Report of Completion

3. Describe the activity in reasonable detail.

4. How will this activity benefit you, your students, and/or the college?

Faculty Signature ___________________________  Dean Signature ___________________________  Date ______________

Revised 5-15-15