

# INDEPENDENT PROFESSIONAL DEVELOPMENT REPORT

(Return this form to the Office of Professional Development, 31 Gough)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Department \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Independent Activities are workshops, conferences, seminars & other activities not offered during mandatory Flex Days.** In order for you to earn independent flex credits, these activities must meet your departmental or institutional goals and must be approved by both Departmental Chair and the Professional Development Coordinator. If this activity is related to your duties, responsibilities and/or part of your classroom instructions, you cannot claim independent credits.

A copy of the agenda, brochure, flyer, and/or registration material must be attached for proof and verification of activities. If none are available, you **MUST** attach a brief description of the activity. We will not accept incomplete reports.

No additional pay will be given for additional flex and/or independent flex credits. Both flex & independent flex credits are recorded within a fiscal year (July 1 – June 30). Extra flex and/or independent flex credits cannot be carried forward. For more information, please refer to the flex guidelines.

YOU MUST...

- Attach a brochure/flyer/agenda/registration material/certificate/description showing proof of activity & attendance.
- Have all the required signatures.

DATE	DESCRIPTION OF ACTIVITY	HOURS CLAIMED
<b>TOTAL:</b>		

By signing this form, I certify that I have completed this independent activity within the timeline specified.  
 Full-time: Maximum Independent Credits allowed per fiscal year cannot exceed 10.0 credits.  
 Part-time: Maximum Independent Credits allowed = 50% of fiscal year's total requirement.

Signature \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Departmental Chair's Signature \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Date \_\_\_\_\_