

Name	
Division/Department	Phone

<p>Full-Time Faculty Flex Obligation per TCS:</p> <p>Thursday = <u>6</u></p> <p>Friday = <u>6</u></p> <p>Overload =</p> <p>Total Obligation =</p>	<p>Adjunct Faculty Please look at your TCS for your Flex obligation and enter number of hours in space below.</p> <p>Total Obligation =</p>
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DATE		Hours

DATE		Hours

DATE	Individual Professional Development Activities A description of each activity is required. Use the space provided below to list activity. On the back of this form (or page 2 of web version) describe the activity and how it contributes to your professional development.	Hours

By signing below, I certify that I have completed or will complete, all of the professional development activities listed above.

Faculty Member _____ Employee ID _____ Date _____

Dean's Signature _____ Date _____

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INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITIES

CRITERIA

An appropriate Individual Professional Development Activity (IPDA) is above and beyond normal faculty duties and responsibilities as outlined in Board Policy and collective bargaining agreements.

An appropriate IPDA should address an instructional improvement need. Examples include the following:

- An activity which normally is not done because it is difficult to find the time, or the equipment, or to get people together.
- An activity which addresses some critical assignment-related need such as subject matter updating, new teaching methods, revision of classroom materials, or major curriculum review.
- Other critical assignment-related needs might include development of new matriculation or retention strategies, or articulation with other Departments on campus or with transfer institutions.
- An activity which fosters professional growth through participation in, or attendance at, conferences, workshops, research publishing, or advising students or faculty.

Note to Full-time Faculty

By the end of the academic year, your "Total Flex Hours Completed" should be equal to, or greater than, "Your Flex Obligation."

Note to Adjunct Faculty

You must complete your Flex Obligation within the semester you are obligated.

DESCRIPTIONS

Please provide a description of each IPDA that you listed on the Flex Attendance Record. Attach supporting documentation if you wish.

Individual Professional Development Activity (IPDA) #1

How does this activity contribute to your professional development?

Please have your Department Chair or colleague sign below before submitting this form to your Division Dean. The State requires that there be faculty agreement or approval of all activities performed in-lieu of Flex Program attendance.

Faculty or Department Chair's Signature

Date

Number of IPDA Hours Approved
