

MENDOCINO COLLEGE
FLEX AGREEMENT – FORM 100 (8/17)

Name :

Date:

FT Faculty - Academic Year:

PT Faculty – Semester:

Identify below your proposed professional development activities, the dates during which each activity will be completed, the proposed number of flex hours you plan to use for each activity, whether the activity will result in staff, student, or instructional improvement (see Flex Handbook, pages 3-5), and an explanation of how such improvement will occur. Full-time faculty should identify 36 hours of activities (an additional 18 hours have been allocated for Program Review completion and SLO assessment).

1. Activity:

Dates: Hours: ___ Staff ___ Student ___ Instructional Improvement

Explanation:

2. Activity:

Dates: Hours: ___ Staff ___ Student ___ Instructional Improvement

Explanation:

3. Activity:

Dates: Hours: ___ Staff ___ Student ___ Instructional Improvement

Explanation:

TOTAL HOURS REQUIRED: _____ **TOTAL HOURS PLANNED:** _____

I certify that I will complete the above agreement within the timeline specified and that any modifications will be submitted for approval prior to completing the activity. If you wish to modify this agreement, complete Form 200, Flex Agreement Modification Form, and submit it to your Dean.

Faculty Signature _____ Date _____

APPROVAL

All Faculty–Dean _____ Date _____

Full-Time Faculty: Agreement Approved _____ Agreement Denied _____

Flex Review Committee _____ Date _____

Flex Review Committee _____ Date _____