



COLLEGE OF THE SEQUOIAS FLEX PROGRAM

FLEX Self-Documentation Report

NAME: (Please Print Name)			DIVISION:
SEMESTER:	SCHOOL YEAR:	CONTACT PHONE:	<i>Use this form to report conference or individual plan activities that have received prior approval, including activities with blanket preapproval.</i>
The specific activity I performed/completed as part of my FLEX obligation:			
This activity took: <i>(Maximum hours: 4 hrs per day unless attached agenda clearly shows additional time)</i>			
HOURS	DATE (S)	LOCATION	
Briefly describe this activity and its contribution to your professional development:			
This activity is directly related to the following categories of professional development:			
<input type="checkbox"/> Staff Improvement <input type="checkbox"/> Student Improvement <input type="checkbox"/> Instructional Improvement			
I certify all of the following: - I have completed the above activity in compliance with district FLEX policies and regulations. - I have attached appropriate documentation that supports the hours reported above. - I understand that <i>failure to document my obligated FLEX hours by the published due dates will result in the docking of my pay.</i>			
Signature: _____ <i>Faculty Member</i>			Date: _____

Forward this form to the FEC mailbox within five (5) days of completion of an activity and no later than the last day of instruction of the Spring Semester (see Master Agreement 8.1.2.3.4). For activities that occur between the end of the spring semester and June 15, the form must be submitted within 5 calendar days of the completion of the activity. No forms will be accepted after June 20.