

RCC FLEX Workshop Sign-In

Event Title: _____

Date: _____ **Time Period:** _____

Location: _____ **Presenter(s):** _____ **OR**
Facilitator(s): _____

PLEASE PRINT YOUR NAME CLEARLY SO YOU MAY RECEIVE FLEX CREDIT.

**FLEX credit is not available if you attend during your regular instruction and/or office hours.

Name	Department	Full-Time or Part-Time	College (RCC, NOR, MV)
1.		FT P/T	
2.		FT P/T	
3.		FT P/T	
4.		FT P/T	
5.		FT P/T	
6.		FT P/T	
7.		FT P/T	
8.		FT P/T	
9.		FT P/T	
10.		FT P/T	
11.		FT P/T	
12.		FT P/T	
13.		FT P/T	
14.		FT P/T	
15.		FT P/T	

Circle or underline all of the objectives below that apply to the event listed above:

1. Course instruction and evaluation, including assessment
2. Staff development, in-service training, and instruction improvement.
3. Program and course curriculum or learning resource development and evaluation (e.g. Program review training, curriculum review)
4. Student personnel services
5. Learning resource services
6. Student advising, guidance, orientation, matriculation services and student, faculty and staff diversity training
7. Department or division meetings, conferences, and workshops, and institutional research
8. Other duties as assigned by the district
9. Other: that contribute to improvement of instruction, administration, or student services

****Return this form the Glenn Hunt Center 4th floor Digital Library or the Faculty Development mailbox****

For Office Use Only:
 Approved: Y N
 Presenter (3X): Y N
 Total Hours: _____