

# FALL 2009 FLEX VERIFICATION FORM

**Instructions to Complete & Submit Form to Human Resources:**

- Complete form indicating Flex hours due and completed and **SIGN** signature line
- Submit signed form to **HUMAN RESOURCES** by **Friday, December 18, 2009**

1. Name: \_\_\_\_\_ Dept. \_\_\_\_\_

2. Check: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

3. Indicate Total Flex Hours of Flex Obligation: (Use formula below to calculate\*)..... \_\_\_\_\_

**Total # of Teaching Units (includes teaching overload & reassigned time) x .8 = Total Hours of Flex Obligation**  
 If .49 or below round down, if .5 or above round up.

For example: 18 units x .8 = 14.4 hours (rounded down to 14 hours).  
 15 units x .8 = 12 hours;  
 9 units x .8 = 7.2 hours (rounded down to 7 hours)

Conversion Guide for Counselors, Librarians & School Nurse: 100% Assignment = 15 units 90% Assignment = 13.5 units 80% Assignment = 12 units etc.

\*Note: The complete Flex Hours of Obligation Formula is posted on the Staff Development Web Page on the College Website: <http://www.marin.edu/com/ODP/StaffDevelopment/index.htm>

4. August 14, 2009 Mandatory Flex Day: Please indicate hours attended

Fall Convocation (2 hrs.) ... \_\_\_\_\_  
 Department Meetings (2 hrs.) ..... \_\_\_\_\_

5. Non-Mandatory August Flex Workshops Attended 8/12 & 8/13:

Modernization Update for FA, PA & HC Occupants (8/12, 1 hour) ..... \_\_\_\_\_  
 What's New in Office 2007 (Offered 8/12 & 8/13, 2.5 hrs.) ..... \_\_\_\_\_  
 What's New in PowerPoint 2007 (8/13, 2 hrs.) ..... \_\_\_\_\_  
 Forwarding and Organizing Your College Email (8/12, 2 hrs.) ..... \_\_\_\_\_  
 Part-time Faculty Orientation (Offered 8/12 & 8/13, 2 hrs.) ..... \_\_\_\_\_

6. Individual & Other Flex Activities - Indicate Number of Hours Completed in the Categories Below:

Instructional Materials Preparation _____	Library and Other Research _____
Professional Development Activities _____	4faculty.org modules _____
Student Mentoring _____	Visits to Instructional Programs _____
In-service Training and Other Instructional Improvement ..... _____	
Program, Course Curriculum or Learning Resources Development and Evaluation ..... _____	
Flex Workshops/Activities Scheduled During the Semester..... _____	
Other (Please specify) ..... _____	

Total Flex Hours Listed in Section 6 ..... \_\_\_\_\_

7. TOTAL # OF COMPLETED FALL 2009 FLEX HOURS (add all hours listed) .....

*By signing below I certify that I have completed my total hours of Flex obligation as indicated above.*

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Sign and Submit to Human Resources by Friday, December 18, 2009**