

# Fall 2010 FLEX VERIFICATION FORM

**Instructions to Complete & Submit Form:**

- Complete form indicating Flex hours due and completed and **SIGN** signature line.
- Submit signed form to **HUMAN RESOURCES** by Friday, **December 17, 2010**
- Forms can be faxed to Human Resources at 415-485-0135

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

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

**3. Indicate Total Flex Hours of Flex Obligation:** (Use formula 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 13, 2010 Mandatory Flex Day:** Please indicate hours attended

Fall College Convocation (8/13, 2 hrs) ... \_\_\_\_\_  
 Department Meetings (8/13, 2 hrs.) ... \_\_\_\_\_

**5. Non-Mandatory August Flex Workshops Attended 8/11 or 8/12:**

Blackboard for Beginners (8/11, 2 hrs.) ..... \_\_\_\_\_  
 Overview of Free Teaching Resources (8/11, 1 hr.) ..... \_\_\_\_\_  
 The MyCOM Portal (8/11, 2 hrs.) ..... \_\_\_\_\_  
 Faculty Orientation (8/11, 2 hrs.) ..... \_\_\_\_\_  
 The MyCOM Portal (8/12, 2 hrs.) ..... \_\_\_\_\_  
 Joint Department Chairs (8/12, 2 hrs.) ..... \_\_\_\_\_  
 New Academic Center Update (8/12, 2 hrs.) ..... \_\_\_\_\_

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

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

**Total Number of Flex Hours completed in Section 6** ..... \_\_\_\_\_

**7. TOTAL # OF COMPLETED FALL 2010 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:** \_\_\_\_\_