

SPRING 2009 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, May 22, 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. January 16, 2009 Mandatory Flex Day: Please indicate hours attended

Spring Convocation (1/16 2 hrs) ... _____
 Department Meetings (1/16, 2 hrs.) _____

5. Non-Mandatory January Flex Workshops Attended 1/14 or 1/15:

From MyCOM Class Roster to Excel 2007 Gradebook Made Easy (1/14, 2 hrs.) _____
 Student Success Institute (1/15, Up to 6 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 Number of Flex Hours in Section 6 _____

7. TOTAL # OF COMPLETED SPRING 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, May 22, 2009