

Sacramento City College
FLEX OBLIGATION ATTENDANCE RECORD
Spring 2024

| | | |
|------------------------------------|----------------------------|--------------|
| Due Date April 19, 2024* | Name: _____ | |
| | Division/Department: _____ | Phone: _____ |

YOUR Spring 2024 FLEX OBLIGATION

| | | | | | | | | | |
|--|--|---|----------|---|------------|--|--------------------|--|--|
| Full-Time Faculty Flex Obligation per TCS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Thursday =</td><td style="text-align: center;">6</td></tr> <tr><td>Friday =</td><td style="text-align: center;">6</td></tr> <tr><td>Overload =</td><td></td></tr> <tr><td>Total Obligation =</td><td></td></tr> </table> | Thursday = | 6 | Friday = | 6 | Overload = | | Total Obligation = | | Adjunct Faculty Please look at your TCS for your Flex obligation and enter number of hours in space below. Total Obligation = _____ |
| Thursday = | 6 | | | | | | | | |
| Friday = | 6 | | | | | | | | |
| Overload = | | | | | | | | | |
| Total Obligation = | | | | | | | | | |
| *Full-time Faculty: If your total Flex Obligation is not completed by the end of the academic year, a loss of pay will be processed for the remaining balance. | *Adjunct Faculty: If your total Flex Obligation is not completed by the end of the semester, a loss of pay will be processed for the remaining balance. | | | | | | | | |

| Date | Spring 2024 PD Week Program Activities | Please list activities you attended. Mandatory Convocation day for full-time faculty is Friday, January 12th 2024. | Hours |
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| Date | Spring 2024 Professional Development Participation | Hours |
|------|---|-------|
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| Date | Individual Professional Development Activities | A description of each activity is required. Space provided on page 2. | Hours |
|---------------------------------|--|--|-------|
| | | | |
| | | | |
| Total Flex Participation | | | |

I certify that I have completed all of the professional development activities listed above. I also certify that any IPD Activities were completed outside of my regular work week/schedule. If I have not fulfilled my flex requirements nor submitted a valid absence report, I understand that a loss of pay will be generated for the unmet obligation.

Faculty Signature: _____ ID#: _____ Date: _____

Please turn this form in to your Division Office by the due date*. Your Division keeps records of your Flex Attendance; however you should **make and keep a copy for your records.** Any questions should be referred to your Dean.

INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITIES

| | |
|---------------------|---|
| CRITERIA | An appropriate Individual Professional Development Activity (IPDA) is above and beyond normal faculty duties and responsibilities as outlined in Board Policy and collective bargaining agreements. |
| | An appropriate IPDA should address an instructional improvement need . Examples include the following: <ul style="list-style-type: none"> • An activity which normally is not done because it is difficult to find the time, or the equipment, or to get people together. • An activity with addresses some critical assignment-related need such as subject matter updating, new teaching methods, revision of classroom materials, major curriculum. • Review, development of new matriculation or retention strategies, or articulation with other Departments on campus or with transfer institutions. • An activity which fosters professional growth through participation in, or attendance at, conferences, workshops, research publishing, or advising students or faculty. |
| DESCRIPTIONS | Please provide a description of each IPDA that you listed on the Flex Attendance Record. Attach supporting documentation if you wish. |
| | Please have your Department Chair or colleague sign below before submitting this form to your Division Dean. The State requires that there be faculty agreement or approval of all activities performed in-lieu of Flex Program attendance. |

Individual Professional Development Activity (IPDA) #1

How does this activity contribute to your professional development?

Individual Professional Development Activity (IPDA) #2

How does this activity contribute to your professional development?

Faculty Name (Print): _____ # of IPDA Hours Approved: _____

Approval Faculty or Department Chair's Signature: _____ Date: _____