



# Flex Proposal Form

## Group



Please submit this form to the Faculty Professional Development office (Y-8) at least two weeks before the Flex Activity. If your proposal is approved, you will be notified via email. Please keep a copy for your records. The Flex Individual & Group Project Guidelines can be reviewed in the *Full-time Faculty Flex Frequently Asked Questions (FAQs)* at <http://www.lbcc.edu/FPD/flex.cfm>.

<b>Name:</b>		<b>Date:</b>	
<b>Department:</b>		<b>Full-Time</b>	<b>Part-Time</b>
<b>Email:</b>		<b>Phone:</b>	
<b>Campus-wide Workshop/Event</b> Use <i>Flex Activity Sign-in Sheet</i> at workshop/event; sign-in sheet will be provided by FPD upon approval.			
<b>Department Meeting</b> Use <i>Department Meeting Sign-in Sheet</i> at meeting; sign-in sheet will be provided by FPD upon approval.			
<b>Primary Presenter:</b>		<b>Hours Requested:</b>	<b>Hours Requested for Other Participants:</b>
<b>Secondary Presenter:</b>		<b>Hours Requested:</b>	
<b>Title of Activity:</b>			
<b>Date:</b> /     /	<b>Time:</b> —	<b>Location:</b>	
<b>Purpose of Event:</b> In three to four sentences, list the learning content. Specifically, describe what you will learn from this activity and how this information will be applied in classroom instruction and/or contribute to your professional development.			

**Department Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

### Flex Subcommittee Approval

Primary Presenter \_\_\_\_\_ Secondary Presenter \_\_\_\_\_ Participants \_\_\_\_\_

Approved by:

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ Date \_\_\_\_\_