SEMESTER FLEX REPORT: Part-Time Faculty

Please read the Part-Time Faculty FAQs for NAME instructions and deadlines. **DEPT** All Flex documents can be found at https://www.lbcc.edu/post/flex-information. **EMAIL Contact Faculty Professional Development** STAFF ID at fpd@lbcc.edu with any questions. **GROUP ACTIVITIES** RECORD TOTAL HOURS FOR EACH TYPE OF EVENT HOSTED BY LBCC. FALL FLEX DAY DEPARTMENT MEETING (6 HOURS MAX): FLOATING FLEX DAY DEPARTMENT MEETING (6 HOURS MAX): **SPRING FLEX DAY WORKSHOPS (6 HOURS MAX):** OTHER FLEX EVENTS (LIST EACH EVENT ON NEXT PAGE): INDIVIDUAL ACTIVITIES RECORD TOTAL HOURS FOR EACH TYPE OF INDIVIDUAL ACTIVITY. (E.G. 12 HOURS TOTAL FOR TWO CONFERENCES, 4.5 HOURS TOTAL FOR THREE WEBINARS) ATTACH A FLEX VERIFICATION FORM FOR EACH INDIVIDUAL FLEX ACTIVITY. **CONFERENCES (EACH 6 HOURS MAX): WEBINARS: OTHER INDIVIDUAL ACTIVITIES:** PRESENTER INFORMATION IF YOU WERE A PRESENTER AT A FLEX ACTIVITY, YOU MAY RECORD DOUBLE THE TIME OF THE EVENT WITH A MAXIMUM OF 6 HOURS FOR EACH EVENT. (E.G. 1 HOUR EVENT = 2 HOURS; 3 HOUR EVENT = 6 FLEX HOURS; 4 HOUR EVENT = 6 HOURS) **TOTAL FLEX HOURS** MY FLEX OBLIGATION FOR ______ IS _____ FLEX HOURS, AND I HAVE COMPLETED _____ FLEX HOURS.

DATE

SIGNATURE

GROUP ACTIVITIES LIST PLEASE LIST THE LBCC-HOSTED FLEX ACTIVITIES YOU ATTENDED THIS SEMESTER. THESE ACTIVITIES MUST HAVE BEEN EXPLICITLY ADVERTISED AS A FLEX EVENT. DO NOT USE THIS SPACE TO LIST INDIVIDUAL FLEX ACTIVITIES; ATTACH A FLEX VERIFICATION FORM FOR EACH INDIVIDUAL ACTIVITY YOU COMPLETED. **FLEX HOURS ACTIVITY TITLE** DATE