Sacramento City College Flex Obligation Attendance Record

	Due May '	I for each Spring semester	and December 1 for each Fall semester			
Semester		Name:				
Year:		Division/Department: Phone:				
Y 5. 0.0.0						
Your Flex Obligation						
Full-Time Faculty Flex Obligation per TCS:): 	Adjunct Faculty Please look at your TCS for your Flex obligation and enter number of hours in space below.			
Thursday =		6				
Friday =		6				
Overload =						
Total Obligation =		al Flore Obligation is used	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	PD Week P	rogram Activities	Please list activities you attended. Visit PD Week for event summaries.	Hours		
Date	Professional Development Participation			Hours		
Date		al Professional nt Activities (IPDA)	A description of each activity is required. Space provided on page 2.	Hours		
	l		Total Flex Participation			
<u> </u>						
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 S	Faculty Signature: Date: Date:					
Please to	urn this form in to yo	ur Division Office by the di	ue date* Vour Division keeps records of your Fley Δ	ttendance.		

however you should make and keep a copy for your records. Any questions should be referred to your Dean.

05/13/2024

INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITIES					
	An appropriate Individual Professional Development A normal faculty duties and responsibilities as outlined in bargaining agreements.				
CRITERIA	 An appropriate IPDA should address an instruction include the following: An activity which normally is not done becaus equipment, or to get people together. An activity with addresses some critical assign matter updating, new teaching methods, revis curriculum. Review, development of new matriculation or with other Departments on campus or with train activity which fosters professional growth that attendance at, conferences, workshops, reseator faculty. 	e it is difficult to find the time, or the nment-related need such as subject ion of classroom materials, major retention strategies, or articulation nsfer institutions. hrough participation in, or			
	Please provide a description of each IPDA that you lis Attach supporting documentation if you wish.	ted on the Flex Attendance Record.			
DESCRIPTIONS	Please have your Department Chair or colleague sign your Division Dean. The State requires that there be factivities performed in-lieu of Flex Program attendance	aculty agreement or approval of all			
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 Departmen	Date:				