



GAVILAN COLLEGE
PART-TIME FACULTY
FLEXIBLE CALENDAR ACTIVITIES AGREEMENT

Instructor: _____ **Date:** _____

Semester: _____ **Required Flex Hours:** _____

FTE% _____ **x21** **Required flex hours** _____
 100% required flex hours per semester

Activities Completed:	SPECIFIC DATE(S)	HOURS
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1. College Sponsored Activities

Specific Activity:			
Specific Activity:			
Specific Activity:			

2. Conferences, Workshops, Meetings Attended

Specific Activity:			
Specific Activity:			
Specific Activity:			

3. Individual Project

Specific Activity:			
Specific Activity:			
Specific Activity:			

4. Workshops/Advising I Plan to Conduct

Specific Activity:			
Specific Activity:			
Specific Activity:			

TOTAL HOURS: _____



TO BE COMPLETED AFTER YOUR FLEX OBLIGATION HAS BEEN MET:

**What were the achievements, accomplishments, and benefits
of activities during “flexible days?”**

I certify that I have completed the approved plan with an hourly commitment equal to or greater than the hours required.

Faculty Signature

Date

Department Chair

Date

Area Dean

Date

**FLEX ACTIVITIES AGREEMENT IS DUE TO AREA DEAN BY THE LAST DAY OF
INSTRUCTION OF EACH SEMESTER.**

Failure to submit this form by the due date will result in pay reduction.