



# Full-time Faculty Flex Report Form 2009-2010



Please sign and return this completed report to the Faculty Professional Development office, mail code (Y-8), by April 30, 2010

Name: \_\_\_\_\_

Department: \_\_\_\_\_ phone \_\_\_\_\_

<b>Flex Day Activities</b>		
Wednesday October 28, 2009	Fall 2010 Flex Student Learning Outcomes Workshops/Department Activity	# hrs:
Tuesday February 2, 2010	Department Planning	6 hours required
Wednesday March 24, 2010	Spring 2010 Flex Workshops/Department Activity	# hrs:

Date	2009-2010 Flex Activities (Maximum 12 hours)	# hrs
Fall 2009 to Spring 2010	Other LBCC Workshops <a href="http://fpd.lbcc.edu">http://fpd.lbcc.edu</a> or 938-4022	
	DARE to Care at <a href="http://dare.lbcc.edu">http://dare.lbcc.edu</a> (Attach a copy of the DARE to Care printout, 3 hours max., once every fifth semester)	
	Faculty Resource Center <a href="http://itdc.lbcc.edu">http://itdc.lbcc.edu</a> or (562) 938-4255	
	Conferences (maximum 6 hours credit per conference) (Attach a 1 page conference summary)	
	Individual/Group Project (Submit proposal for approval to the Faculty Professional Development office, Y-8, by 10/16/09 for Fall 2009, or by 3/12/10 for Spring 2010) (Attach a 1 page project summary)	

**I have completed the approved plan with a total hourly commitment of 18 Flex Hours.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Keep a Copy for Your Records