

SANTA ROSA JUNIOR COLLEGE IND# _____
INDEPENDENT FLEX ACTIVITY PROPOSAL

DATE: _____ LAST FOUR DIGITS SSN#: _____

FACULTY MEMBER: _____ EMAIL: _____

DEPARTMENT/PROGRAM: _____ PHONE #: _____

ACTIVITY: _____

Number of Flex Credit Hours Proposed: _____ DATE OF ACTIVITY: _____

Regular Faculty: 12 hours max within flex year, JULY 1 through MAY 1.
Qualified Adjunct Faculty: Max hours equal to number of obligated hours within semester of obligation; hours completed by deadline for semester (Fall: DEC. 1, Spring: MAY 1).
☛ DUE: Proposals must be submitted at least TWO WEEKS PRIOR to activity. *You will be notified upon approval.*

FLEX ACTIVITY CRITERIA (Proposal must satisfy at least one of the following areas of AB 1725 or Article 22. Check all that apply):

AB 1725

- 1. Improvement of teaching.
- 2. Maintenance of current academic and technical knowledge and skills.
- 3. In service-training for vocational education and employment preparation programs.
- 4. Retraining to meet changing institutional needs

- 5. Intersegmental exchange programs.
- 6. Development of innovations in instructional and administrative techniques and program effectiveness.
- 7. Computer and technological proficiency programs.
- 8. Courses and training implementing affirmative action and upward mobility programs.

Article 22, AFA contract

- A. Currency and Growth In One's Field
- B. Workplace Effectiveness
- C. Organizational Development

PLEASE ATTACH THE FOLLOWING DOCUMENTATION: (REQUIRED FOR ALL PROPOSALS)

- I. ABSTRACT:** Write a concise summary of the essential points about the proposed activity.
BRIEF NARRATIVE DESCRIPTION: What exactly will you be doing?
- II. SCHEDULE:** Please provide a schedule of dates, times, and locations of each of the proposed activities.
- III. GOALS AND OBJECTIVES:** Include a brief discussion of the extent to which the proposed activities:
 - A. Are related to and support one or more of the criteria listed above and;
 - B. Benefits the development of your skills and knowledge; your students, the department; and the District.
- III. EVALUATION:** Briefly describe how the success of the activities will be determined.
- IV. REPORT:** Briefly outline how the content, benefits, and evaluation of the proposed activity will be shared or reported to the appropriate members of the District community.

☛ VERIFICATION FORM MUST be filed upon completion of activity to qualify for flex credit.

 Faculty Member's Signature Date

 I SUPPORT this proposal: Appropriate Chair's Signature (approval) Date

 I SUPPORT this proposal: Supervising Dean's Signature Date

Date Received: _____ Date Approved: _____

Committee Approval: _____ # Hrs. Approved: _____