

NAME: _____	SSN (LAST FOUR): _____
DEPARTMENT: _____	PHONE #: _____
# OF FLEX HOURS TO BE COMPLETED: _____	

Please complete the activity titles, number of hours, and date to be completed below.
Note: only pre-approved activities and DVDs are eligible.

- Pre-approved online webinar, training or podcast: _____
Hours: _____ Planned Completion Date: _____

- Pre-approved face-to-face workshop: _____
Hours: _____ Planned Completion Date: _____

- Other pre-approved flex activity: _____
Hours: _____ Planned Completion Date: _____

- Pre-approved DVD - Title: _____
Hours: _____ Planned Completion Date: _____

- Pre-approved DVD - Title: _____
Hours: _____ Planned Completion Date: _____

- Pre-approved DVD - Title: _____
Hours: _____ Planned Completion Date: _____

Intent Forms are due by May 1.
Completion of activities and submission of Flex Verification Form are due by June 30.

By signing below, I understand that in order to receive Flex credit for the activities indicated above (and to avoid payroll docking) I must submit a Flex Verification Form to Staff Development no later than June 30.

Office Use Only:	Date Received:
Date Entered as Pending: _____	
Date VF received: _____	
Date Entered at Completed: _____	

Faculty Member Signature

Date