APPENDIX H4
INDIVIDUAL PROPOSAL FOR FACULTY FLEX DAY
(Article 27 – Calendar)
Foothill-De Anza Community College District

Name: _____ CWID:_____
Last First

Full-time __ Part-time __ District Ext #:_____ Date(s) of Activity_____

Hours of activity to be credited: On-Campus _____Off-Campus _____

Please note:
1. **File this form with the Division Dean or appropriate supervisor 5 working days prior to the designated flex/conference day.**
2. **Attach list of fellow participants if the flex-day will be used for a collective activity of faculty in the department/division/college/District.**
3. **Make and retain a copy of this form for your professional records.**

I. **Focus of the activity/project:**

_____ Division/Department _____ Subject matter/discipline

_____ College _____ Professional enhancement

II. **Abstract:**

a) Describe briefly what you will do:

b) Specify the results of your activity/project:

c) Identify at least two ways this activity/project benefits students/division/program:

III. **Approval:**
Faculty signature: _____Date: _____

Division/Program
Administrator signature: _____ Date: _____

IV. **Activity Completed:**
Division/Program
Administrator signature: _____Date: _____