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**2019-2020 MANDATORY FLEX DAY ACTIVITIES VERIFICATION**NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROCESS** | | | | | | | | | |
| **Faculty** – Upon attendance at activities and completion of form, submit to your Division Office no later than the end of the 2nd week of the semester. | | | | | | | | | |
| **Division** – Maintain accurate records for auditing purposes. | | | | | | | | | |
| **Please Print Clearly** | | | | | | | | | |
| **FACULTY INFORMATION** | | | | | | | | | |
| Name: |  |  | | | Semester: | Fall | | | 2019 |
|  | Last | First | | |  | Fall/Spring | | | Year |
| College/Campus: |  | Division: |  | | | Dept.: | |  | |
| **ACTIVITIES ATTENDED** | | | | | | | | | |
| Date of Flex Day: | Thursday, August 22, 2019 | | | | | | | | |
| Month/Day/Year | | | | | | | | |
| *I attended the following District and Campus approved activities:* | | | | | | | | | |
| **PLEASE FILL IN TOPIC/TITLE OF ACTIVITIES** | | | | | | | **HOURS** | | |
| Professional Development Approved Session: | | | | | | |  | | |
| Professional Development Approved Session: | | | | | | |  | | |
| Professional Development Approved Session: | | | | | | |  | | |
| **AND/OR** Absence hours used and reported to Division Office: | | | | | | |  | | |
| **TOTAL HOURS (should total 5)** | | | | | | |  | | |
| **VERIFICATION SIGNATURE** | | | | | | | | | |
| By signing this verification form, I am confirming my attendance at the above listed Mandatory Flex Day Activities. | | | | | | | | | |
|  | | | |  | | | | | |
| Signature | | | | Date | | | | | |

**Return form to your Division Office no later than the 2nd week of classes.**

HR – Credit Mandatory Flex 2019