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

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| **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