

**Santa Ana College
Flex Activity Agreement for Non-Contract Faculty**

Instructor _____

Division _____

Dean's Signature _____

For Office Use Only

Classroom Hour Reduction _____

In-Lieu-Of-Instruction Hours _____

Circle One: Fall Spring Year _____

Required Activities:

Division/Department Meeting:

Date: _____ Time: _____ Location: _____

Other: _____

Individually Selected Activities: Please check those which you intend to do as part of your plan.

A. Professional Growth

_____ 1. Visit classes to study teaching techniques.

_____ 2. Engage in unique occupational/professional discipline-related work.

Briefly describe activities checked: _____

_____ 3. Participate in scheduled Staff Development Activities. List your preferences by ticket number and title.

Ticket/Title

Ticket/Title

PLANNED 1. _____

2. _____

ALTERNATE(S) 1.a _____

2. a _____

B. Courses and Program Development

_____ 1. Prepare/revised course materials for course:

_____ 2. Revise existing course(s) or devise new courses(s).

_____ 3. Review supplementary materials (texts, media, software).

C. Activities not included above _____

I agree to participate in the above planned activities with an hourly commitment equal to or greater than the IN-LIEU-OF-INSTRUCTION hours noted above.

Instructor's signature