

Cerritos College
Staff Development Office

Proposed Activities for Faculty Agreement

Name _____
Last *First*

Division _____ Extension _____

| | Flex Hours |
|--|-------------------|
| A. Staff Development Activities: | |
| B. Learning Celebration: | |
| C. Flex Week Activities: | |
| D. Conference Attendance: <i>(please list conference titles)</i> | |
| E. Individual or Departmental Project: <i>(please attach forms)</i> | |

I certify that I will complete the above plan within the time line specified and that any changes to this plan will receive written approval and that all changes will be submitted as an addendum to this agreement.

Faculty Signature *Date* *Instructional Dean Signature* *Date*

Twenty-five hours are required for Faculty during the school year.

I certify that I have completed the above contract.

Faculty Signature *Date* *Instructional Dean Signature* *Date*