

Proposed Departmental Staff Development Project Agreement

Total flex hours _____

Department Name _____
(please print)

Division _____

Chairperson _____
(please print)

Extension _____

Participants:

1. Proposed department project description:

2. Project objectives:

3. Describe expected benefits to faculty, students and/or the college:

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*