

Proposed Individual Staff Development Project Agreement

Total flex hours _____

Name _____
(please print and sign your name) *Date*

Division _____
Extension

1. Proposed 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