

**Ohlone College**  
**Individual Flex Project Proposal and Report – for Full-Time Faculty**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

**Please complete this form in entirety and obtain the appropriate signature before submitting to Professional Development. This form continues to the back of this page.**

1. Describe your project with timeline; explain how a critical instructional improvement need is addressed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe how your activity is related to your present or future instructional assignment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe planned outcomes and explain how you will assess the success of this activity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The hours needed to complete this proposal are [ \_\_\_\_\_ ] hours.**

How do you plan to demonstrate completion of your project?

Written

Presentation to Colleagues

When/Where: \_\_\_\_\_

Other: \_\_\_\_\_

I will complete the above project with an hourly commitment equal to or greater than the hours indicated above.

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Before you begin the project, take this plan to your Division Dean for approval below.**

<p><b>Reviewed by Division Dean:</b> <input type="checkbox"/> Approved, <input type="checkbox"/> Denied, Date: _____</p> <p><b>Reason/Conditions:</b> _____</p> <p><b>Division Dean's Signature:</b> _____</p>
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**WITHIN TWO WEEKS OF COMPLETION OF YOUR PROJECT, PLEASE DO THE FOLLOWING:**

1. Type a short summary of your completed project that addresses #1-3 above.
  2. Sign this form below, attach your summary report, and submit to the Professional Development office.
- ◆ I have completed the above project with an hourly commitment *equal to or greater than* the hours indicated above.
  - ◆ I understand that the individual FLEX requirement for full-time faculty is equal to 24 hours per academic year. The deadline for submission of FLEX reports is June 30 of each academic year. I understand that an absence report must be submitted for FLEX commitments not met by this date.

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

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Final FLEX Report Received:

Date: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Staff Development Signature \_\_\_\_\_