As a Learning College, the Ohlone Community College District promotes lifelong learning for all. To support this goal, the Faculty Flex Program encourages continuous learning to ensure that employees are prepared to meet the needs of students and the District now and in the future. Program eligibility and participation details are available at the link: http://www.ohlone.edu/org/profdev/facultyflex. Complete your Project Proposal Form, obtain dean signature, and send it Professional Development Coordinator for review and approval by the Professional Development Committee. Upon completion of the project, submit the Project Activity Report to Professional Development Coordinator. Individual flex hours will be awarded upon receipt. *Keep a copy for your records.*

---

### I. Faculty Name: __________________ Department/Division: ______________ Date: ________________

**Faculty Individual FLEX Project Title:** _______________________________________________________

### II. Please complete this section completely

*(Please refer to Ohlone College Mission, Vision, Values and Goals)*

1. **Describe your project with timeline.**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

2. **How does this project improve instruction and foster student success.**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

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

4. **How do you plan to share your project outcomes?**
   
   □ Presentation to Colleagues: When/Where: __________________________
   
   □ Other: _______________________________________________________

The total number of hours needed to complete this proposal are ______ hours

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

Faculty Signature: __________________________ Date: ________________

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### III: Division Dean review and approval for the above Individual FLEX Activity Proposal:

- **Dean Comments and recommendations:**
  
  ____________________________________________________________
  
  ____________________________________________________________

Division Dean Signature: __________________________ Date: ________________

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### IV. Professional Development Coordinator use only:

- **Date Application Received:** __________________
  
  **FLEX hours requested:** __________________________

Professional Development Coordinator Signature: __________________________ Date: ________________

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April 2010
Faculty Name: ___________________ Department/Division: ______________ Date: _______________

Faculty Individual FLEX Project Title: _____________________________________________

**Documentation of Individual Faculty FLEX hours from the above project:**
*Please type your responses. If necessary, use additional pages. Thank you.*

Individual FLEX requirement for full-time faculty is 24 hours per academic year. The deadline for submission for FLEX reports is June 30 of each academic year. Faculty must submit absence report for FLEX commitments not met by June 30 of each academic year.

1. Provide a short summary of your completed Individual FLEX project.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Assess outcomes of this activity by reflecting on what changes you have or will make in your instruction. How will this activity promote student success?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. Describe how you will share your project outcomes.

________________________________________________________________________________________

The total number of hours claimed to complete the project from the original proposal are _____ hours

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

Faculty Signature: __________________________ Date: ______________________

**Professional Development Coordinator use only:**

Date Final Summary of FLEX Report Received: _______ FLEX hours awarded: ________

Professional Development Coordinator Signature: __________________________ Date: ____________