

Department Work Report - Track department work assigned during a semester
Professional Development Report - Track FLC work and approved individualized PD
Committee Work Report - Track committee work completed outside of committee times

FLC/Department Name: _____

Employee Name: _____ S#: _____ Reporting Semester: _____

Check One:

Adjunct

Full-Time

Staff

Description of work completed for the department: _____

Total Hours for semester: _____

Employee Signature: _____ Date: _____

Department Chair (print): _____

Department Chair Signature: _____

***Note:** *your signature is evidence of your approval & verification of hours listed below*

Documentation Attached – Outcomes for the semester and any relevant
documentation of proof of attendance and/or participation.

Attendance Report:

Date	Activity	Hours

