Check only **ONE** assignment type per form: _____Hourly _____Full-Time

SEMESTER ___________________________ YEAR ___________________________

NAME ___________________________ ID# ___________________________

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Date</th>
<th>Code</th>
<th>Description</th>
<th>Category*</th>
<th>Hours</th>
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TOTAL HOURS _______

*Category
1. Course instruction and evaluation;
2. Staff development, in-service training and instructional improvement;
3. Program and course curriculum or learning resource development and evaluation;
4. Student personnel services;
5. Learning resource services;
6. Related activities, such as student advising, guidance, orientation, matriculation services, and student, faculty, and staff diversity;
7. Departmental or division meetings, conferences and workshops, and institutional research;
8. Other duties as assigned by the district;
9. The necessary supporting activities for the above;

VERIFICATION
I certify that I have completed all of the activities and hours listed above outside of my scheduled hours of instruction.

Signature ___________________________ Date ___________________________

Submit completed form to Academic Senate Office, Locke 109
flexcoordinator@deltacollege.edu