

**SANTA MONICA COLLEGE  
FLEXIBLE CALENDAR ACTIVITIES AGREEMENT**

**OVERLOAD FACULTY  
SPRING 2008**

PRINT NAME:	DEPARTMENT:	EXT:
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**SUMMARY OF FLEX ACTIVITIES**

*I propose the following discipline or curriculum related, or organizational tasks, as part of my employment with Santa Monica College District in accordance with the Flexible Calendar approved by the Board of Trustees, Faculty Agreement and Title 5, California Code of Regulations (Attach additional sheets as necessary).*

Dates	# of Hours	Category* (1-9)	Activity Description (One or more activities may be undertaken)	Anticipated Completion Date

**\*ACCEPTABLE FLEX DAY ACTIVITIES: (Title 5, Article 2 Flexible Calendar Operations, Section 55724)**

1. Course instruction and evaluation.
2. Staff development, in-service training, and evaluation.
3. Program and curriculum resource development and evaluation.
3. Student personnel services.
4. Learning resource services.
5. Student advising, guidance, orientation and matriculation 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.

DEPARTMENT CHAIR APPROVAL:	DATE:
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**Appeal Process:** The faculty member may appeal the decision of the Department Chair to the Vice President, Academic Affairs.

**SUBMITTAL OF FLEX ACTIVITIES**

The deadline for submission of this form with the proposed activities to the Department Chair is Friday, March 14, 2008. Form must be forwarded to the Human Resources Office no later than Friday, Friday May, 16, 2008. You may also obtain this form from the following link: [http://www.smc.edu/humanresources/employee\\_forms/Academic/Forms/](http://www.smc.edu/humanresources/employee_forms/Academic/Forms/).

**FAILURE TO PERFORM CONTRACTUALLY REQUIRED FLEX TIME ACTIVITIES WILL RESULT IN A REDUCTION OF PAY.**

I have \_\_\_\_\_ units of overload assignment for the Spring 2008 semester.

I certify that I have completed the activities as approved by the Department Chair and have attached documentation, if appropriate.

FACULTY SIGNATURE:	DATE:
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