



Flex Sign-In Sheet

Date: _____

Time Started: _____

Time Ended: _____

Name of Activity: _____

Activity Category:

Please check the box next to one of the four organizational components it belongs to; teaching and learning (includes or relates to classroom instruction and instruction delivery), service and support (includes or relates to student assistance in or outside of classroom), effective leadership (includes or relates to supervision, direction, or oversight of campus units), and lastly community building (includes or relates to establishing personal connections across units and groups on campus).

Teaching and Learning

Effective Leadership

Service and Support

Community Building

Name of Coordinator: _____

Extension: _____

	Name (<i>print</i>)	Employee Number	Department	Email
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