## RIVERSIDE COMMUNITY COLLEGE DISTRICT

Associate (PT) Faculty Assessment and Professional Development Hours Reporting Form

DEPARTMENT:		NAME:	
COLLEGE:			
BUDGET CODE:			_
Professional Develor (Maximum of 3 hours of the Faculty Hourly S	annually) H <mark>o</mark> urs st		ab rate for Group 1, Step 1 of
Date	Time	Activity	
PROFESSIONA DESCRIPTION/SUN		MENT ACTIVITY	
Employee Signature			Date
Professional Develop	ment Coordinato	r	Date
Department Chair Si	gnature		Date
Partiment Chair Of			
			_       _
Dean Signature			Date

DEPARTMENT: _		NAME:
COLLEGE:		
BUDGET CODE:		
Assessment Hour (Maximum of 3 hour the Faculty Hourly	rs annually) H <mark>o</mark> ur	s submitted will be paid at the lab rate for Group 1, Step 1 of
Date	Time	
ASSESSMENT	ΓACTIVITY	
Date input into	Trac Dat:	
Course:		
SLO # Assessed:		Total # of hours to complete
Self-Reflection	or Summary	of Activity (Attach if necessary)
Employee Signatu	ure	Date
Assessment Coor	dinator	Date
		D
Professional Dev	elopment Coo <mark>r</mark> d	nator Date
Department Chai	r Signature	Date
Dean Signature		Date

DEPARTMENT:	NAME:
COLLEGE:	
BUDGET CODE:	
OPTIONAL PAGE FOR USE BY PROFESSIO	ONAL DEVELOPMENT COORDINATORS
PROFESSIONAL DEVEL	OPMENT EVENT/ACTIVITY CATEGORY:
Course instruction ar	nd evaluation, including assessment
Staff development, in	n-service, and instruction improvement
	curriculum or learning resource development and ram Review Training, curriculum review)
Student personnel Se	rvices
Learning resource se	rvices
Student advising, guifaculty, and staff div	dance, orientation, matriculation services, and student, ersity training
Department or divisi institutional research	on meetings, conferences, and workshops and
Other activities as as	signed by the District
Other activities that of administration, or st	contribute to the improvement of instruction, adent services