Butte-Glenn Community College District  
Associate Faculty Flex Payment Form 2013-2014  

Please complete all applicable fields or your form will not be processed!

Instructor ______________________  ID# _______  Term __________

A. Options for Flex Hours:  (paid at flex/contract rate)

1. **Butte-sponsored Flex Workshops & Activities**  SEND TO PAYROLL  
   (include the Flex Activity Number, date, and actual hours attended)

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
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You can look up details for Flex Activities on the Professional Development Website at  
http://www.butte.edu/prodev/

2. **Individual Activity Contract:**  SEND TO PRODEV FOR APPROVAL

Pre-approval is required from Department Chairs for Individual Activity Contracts.  
A combination of IAC and Travel/Conference may count for up to 75% (not 100%)  
of an associate faculty members contracted flex hours per semester. Forms are  
available on the Professional Development webpage. Contact the Professional  
Development Faculty Coordinator (895-2543) if you are not sure your project fits  
the guidelines. Deliver the form to the Professional Development Office in LB 210  
as soon as the project or activity has been completed.  

IACs must be received no later than June 1, 2014.

TOTAL FLEX HOURS

To complete this form:
1. Look at your contract (Butte College Temporary Instructional Assignment form) for the  
   number of flex hours you are authorized (Flex Total). You may get flex credit or payment for  
   meetings (currently paid at $16.93/hour), but you may not claim both for the same meeting.  
2. Complete the top of the form with your name, ID#, and term. This is important for Payroll.  
3. Enter date, flex number, activity, and number of hours for each flex activity.

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I certify that I have completed the above hours and attended all activities listed.

Faculty Signature  Date  Chair/Coordinator Signature  Date

(Payroll Office use only)  

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<thead>
<tr>
<th>POSITION</th>
<th>FLEX PAY RATE</th>
<th>HOURS</th>
</tr>
</thead>
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Revised 8/7/13 Office for Student Learning and Economic Development
**Butte-Glenn Community College District**  
**Associate Faculty Mandatory Meetings Payment Form**  
*Payment will be held if all applicable fields including dates and budget codes are missing.*

Instructor ______________________ ID# _________ Dept _______________ Term _______

**Mandatory Meetings:** *(paid at the meeting rate on the salary schedule)*

Use more than one form if needed, fill in ALL required fields. Dates and signatures of committee chairs, department chairs, coordinators, deans, directors, and/or vice president may be required. Flex time and payment are not given for the same meeting.

**INSTITUTE DAY MANDATORY MEETING:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Meeting</th>
<th>Hours</th>
<th>Budget Code</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Institute Day Department Meeting (unless used for Flex)</td>
<td>11.000.XXX.1.XXXXX.51393</td>
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**OTHER MANDATORY DEPARTMENT or COMMITTEE MEETINGS:**

All other mandatory department meetings deemed necessary by a Chairperson will be charged to their applicable Department Budget (object code 51393 if Curriculum, SLO or Assessment related; others are coded to object code 51490). If a department does not have funds available for mandatory meetings, Dean/Director funding may be available and Dean/Director approval is required. If the Dean/Director does not have funding for such meetings, the Dean/Director may request funding from the Office for Student Learning & Economic Development and then Vice President approval is needed.

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<thead>
<tr>
<th>Date</th>
<th>Description of Meeting</th>
<th>Hours</th>
<th>Budget Code</th>
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**TOTAL Mandatory Meeting Hours** *(including Institute Day)*

I certify that I have completed the above hours and attended all activities listed. Committee Chair or Department Chair signature verifies that all required information is filled out and accurate. If information is missing or inaccurate, no check will be issued.

Faculty Signature Date Committee or Department Chair Date

Dean/Director Signature (if necessary) Date Vice President Signature (if necessary) Date

*(Payroll Office use only)*

<table>
<thead>
<tr>
<th>POSITION</th>
<th>MEETING PAY RATE</th>
<th>HOURS</th>
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