

**CRAFTON HILLS COLLEGE  
PROFESSIONAL DEVELOPMENT AGREEMENT  
FOR PART-TIME FACULTY**

**PART ONE – Your Tentative Plan**

- Part-time faculty members will be paid an additional **4** hours of professional time per course for courses of **at least one unit credit** for student contact, orientation, committee work, mentoring sessions, etc. up to a maximum of **8** hours per semester.
- There will also be an additional **5** hours per course for courses of **at least one unit credit** specifically designated for student contact up to a maximum of **10** hours per semester.

Complete the following agreement, working with your Faculty Chair. **Part One** asks you to identify the professional development activities you hope/plan/expect to engage in during the semester. **Part Two**, which should be completed after you have engaged in these and/or other qualified activities, asks you to identify what you actually did. Please note that Part One is designed to be flexible and that you are not obligated to do everything you listed there.

**To receive compensation, you must complete your professional development activities and submit both Parts ONE and TWO by the deadline date indicated on Part Two.**

NAME \_\_\_\_\_ DISCIPLINE \_\_\_\_\_  
SEMESTER    Fall \_\_\_\_\_                      Spring \_\_\_\_\_

Check as many of the following as apply, elaborating where appropriate and/or possible. Feel free to add anything that is not listed below:

- Part-Time Faculty Meeting
- Workshops (on-campus or off-campus): \_\_\_\_\_
- Discipline-specific conferences: \_\_\_\_\_
- Department meetings
- Academic Senate meetings
- Computer/high technology training
- Modification of a course to address the needs of diverse students
- Course name: \_\_\_\_\_
- Student contact outside of scheduled class meetings
- Other

I understand that I will be paid at the non-instructional rate as compensation for professional development as part of my contract with the college.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature of Faculty Chair**

\_\_\_\_\_  
**Date**

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**PART TWO – Completed Professional Development Activities**

**FALL Deadline: December 1**

**SPRING Deadline: May 1**

Describe the activities in which you engaged, distinguishing between non-student-contact activities and student-contact activities:

**SEMESTER** \_\_\_\_\_

**Course Name** \_\_\_\_\_ **UNIT CREDITS:** \_\_\_\_\_

**Course Name** \_\_\_\_\_ **UNIT CREDITS:** \_\_\_\_\_

<b>Non-Student Contact Activities</b>	<b>Date</b>	<b>Location</b>	<b>Number of Hours</b>

*(should not exceed 8 hrs)* **TOTAL HOURS:** \_\_\_\_\_

<b>Student Contact Activities</b>	<b>Date</b>	<b>Location</b>	<b>Number of Hours</b>

*(should not exceed 10 hrs)* **TOTAL HOURS:** \_\_\_\_\_

I certify that I engaged in the above activities during the semester in question.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print name**

As Faculty Chair I have conferred with the above faculty member and verified the completion of this faculty member's professional development activities.

\_\_\_\_\_  
**Faculty Chair Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Responsibility Center Manager Signature**

\_\_\_\_\_  
**Date**