



**Community College Name**

Check this box only, if the community college  
***is participating*** in the Flexible Calendar Program

**Community College District**

Check this box only, if the community college is ***not participating*** in the Flexible Calendar Program

**Fiscal Year (yyyy-yy)**

All signed certifications are to be sent via email to:

[flexcalendar@cccco.edu](mailto:flexcalendar@cccco.edu)

**Subject:** Flex Calendar Certification Processing

Required Certification:

Signatures indicate this college is in compliance with the following requirements of Title 5:

- ✓ Agreements and records are maintained for each employee who performs flex activities in-lieu-of classroom instruction. The number of hours of flex activities is at least equal to the classroom hours from which the employee is released, plus associated hours of out-of-classroom responsibilities **(55726)**.
- ✓ Attendance accounting data as requested, for purposes of calculating the flex adjustment, are reported to the Chancellor's Office Fiscal Services Unit **(55728)**.
- ✓ An assessment of needs and a plan of activities are developed annually **(55730)**.
- ✓ Records of participation are maintained and evaluation is conducted annually **(55730)**.
- ✓ A flex advisory committee including faculty, students, administrators, and other interested persons meets regularly to make recommendations **(55730)**.

Flex Calendar Coordinator Name

Chief Business Officer Name  
(or designee)

Chief Instructional Officer Name  
(or designee)

Email

Email

Email

Phone Number

Phone Number

Phone Number

Signature

Signature

Signature

Date

Date

Date