Completion Report of Ancillary Activities



Instructions

Complete this form and attach evidence of project completion. Submit form and materials to the College President or designee with copies to the project lead and AFT 1521 Chapter President.

Upon sign off, the College President or designee shall send copies of this form to the initiator, the

Department (r, the College President or designee shall se or Division Chair, the AFT 1521 Chapter Pres nd the adjunct faculty member.	•	
Faculty Nam	e:		
Type of Assi	gnment (Choose one):		
	Department Adjunct Representative		
	Appointed Committee Participant		
	Ancillary Activity Assignment		
Date of repo	rt:		
Ancillary As	ssignment Completion Sign Off		
Assignment	was:		
	Completed	Not Completed	
Comments (Required if not completed):			
College Pres	sident Name:		
College Pres	sident Signature:		
			Date: