Partnership Program Information

An opportunity to share ideas
Partnerships offer faculty, classified and management staff the opportunity to share ideas on classroom teaching and the work environment, and to improve skills, enhance knowledge, explore issues, and increase collegiality.

Participation in several partnerships, stipends, and Flex credit

- **Classified and management staff and non-teaching faculty** may participate in two partnerships per academic year for the stipend.
- **Associate faculty** may earn a minimum of three and up to ten hours of flex credit per partnership, or once each semester earn $60 for a partnership.
- **Full-time faculty** receive a minimum of three and up to ten hours flex credit per partnership with no maximum number of partnerships for the year.

The $60 stipends are limited to a fund cap of $4,000 for the 2009-2010 academic year.

**Up to five can form a partnership.**
A partnership group with 2-5 members can be created. Partnerships may be formed between any combination of faculty, classified and management staff members.

- All members of a Partnership group must be present for group sessions to fulfill the requirements of the program.
- A minimum of three hours of partnership sessions are required and the sessions cannot take place in one three-hour block.
- A record of these meetings must be kept by all participants.

If you are an associate faculty, non-teaching faculty, or classified and management staff and wish to receive the stipend please call or email Professional Development to obtain confirmation that the $4,000 Partnership Program fund cap has not yet been reached. Once the cap is reached, no cash stipends will be available.

Professional Development
(530) 895-2543
stanleyhallca@butte.edu

How to form a partnership: Two steps for a partnership
**Step One**—The first step establishes the partnership and informs the Professional Development Office of its existence.

**Step Two**—“Tracking the Partnership”, keeps an ongoing record of the meeting dates, time spent, and the content and value of the discussions. Each partner must complete and sign this form.

Date __/__/_____

**Partnership Program Step 1 – Forming the Partnership**

Please print clearly Copy and return this form to Professional Development Office Now. See info above.

Your Name ___________________________________ This Partnership is for the ________ Academic Year.

Department/Workplace: ___________________________ Phone _______________ E-Mail ______________________

Participant Name(s): ________________________________________________________________

Purpose of the Partnership: __________________________________________________________

______________________________________________________________

Date received in PDO __/__/______ Approved: ____________________________________________

IMPORTANT! Copy and return this front page to the Professional Development office now, at the beginning of the Partnership.
Each partner must fill out a separate form as the partnership progresses. See info page.

Your Name: _________________________   Dept/Workplace: _________________________   Phone: _________________________

ID/SSN#: _________________________   □ Full-time Faculty   □ Associate Faculty   □ Classified Staff   □ Management

Partnership was for:  □ Fall   □ Spring   □ All year of 20___ - 20___ academic year.

Partner Names: ___________________________________________________________________________________

Please maintain a record of contacts made during the partnership. Minimum of three sessions required. Minimum of three hours total required.

<table>
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<tr>
<th>Date</th>
<th>Nature and content of visit (attach pages if needed)</th>
<th>Time Spent</th>
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Overall evaluation of the experience: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Recommendations for future action: _____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

____________________________________________   Date ___/___/______
Your Signature

Check One:
□ For Flex Hours   □ For $60*   □ N/A

Deliver completed forms to the Professional Development Office. Payments* to associate/non-teaching faculty, classified and management staff are made at the end of the semester only.

For Professional Development Office Use Only

Budget Code  11.000.400.1.675000.51490

____________________________________________   Date ___/___/______
Approved by Professional Development Faculty Coordinator

□ For Flex Hours   □ For $60*   □ N/A

Date recorded to instructor’s file ___/___/______

*The $60 stipend for Associate/Non-Teaching Faculty, Classified and Management is paid only if funds are available. Confirm stipend funding with the Professional Development Office before choosing this option.