FLEX SCHEDULE REQUEST MEMORANDUM OF UNDERSTANDING

Note: This is to be used in authorizing a schedule that differs from the university’s core operating hours of 8am – 5pm.

This arrangement is effective [DATE] through [DATE] unless terminated earlier.  
[EMPLOYEE NAME] understands and agrees to the conditions in this Flex Schedule Approval Form.

Employee Name: _____  
Employee ID: _____  
Administrative Unit/School, Department: _____  
Title: _____  
Position is EXEMPT or NON-EXEMPT from overtime.

Description of Flex Schedule Arrangement:

<table>
<thead>
<tr>
<th>Hour of Arrival:</th>
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<table>
<thead>
<tr>
<th>Hour of Departure:</th>
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*Employee understands that the university, at its discretion, may alter or terminate the agreement at any time*

Agreed to by:

___________________________________________  ______________
[EMPLOYEE NAME]      Date

____________________________________________  ______________
[SUPERVISOR NAME]      Date