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>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hour of Departure:</td>
<td></td>
</tr>
</tbody>
</table>

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