



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:

Hour of Arrival:	
Hour of Departure:	

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