



**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