

**Appendix H, Form B1: Non-Contract Faculty Flex Contract**

In the table below, indicate by column the information for your self-assigned flex day activities. As you plan your activity, add it to the list, get the department or divisional approval and when it is completed, sign in the appropriate place. You may also use the Flex Day Activity Form for approval. The information from that form will be transferred to this sheet.

Your Name: \_\_\_\_\_

Your Total Hourly Obligation: \_\_\_\_\_

Dates(s)	Activity	Activity Hours	Cumulative Hrs	Approval, Dept Chair, Div Dean, etc. Initials	Faculty Signature

I certify that I performed my total obligation of flex day activities as specified above:

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Not to be removed from Division Office