Appendix H, Form B2

MASTER CONTRACT CONTRACT FACULTY

Contract Faculty Flex Day 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 stapled or transferred to this sheet. Include your non-contract assignment obligation also.

Your Name:      Your non-contract (overload) assignment obligation:       Your Obligation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date(s) | Activity | Activity Hours Cum. Hours | Approval, Dept. Head, 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