MASTER CONTRACT Appendix H, Form B1

 Non-Contract Faculty

**Non-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 division 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 Flex Hour Obligation:

 *(See email from EVP office to find your flex hour obligation)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date(s) of Activity** | **Activity** | **Activity Hours** | **Cumulative Hours** | **Approval (Chair or Dean)** | **Faculty Signature** |
|       |       |       |       |  |  |
|       |       |       |       |  |  |
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|       |       |       |       |  |  |

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