

MEMORANDUM OF UNDERSTANDING Flexible Work Arrangement

Department:

Faculty name:

Change of work schedule (expressed as % of full department workload):

From: % (= person months)

 To: % (= person months)

Notes:

Begin date of new work schedule: / /

End date of new work schedule: / /

Change of monthly-paid annual salary (exclusive of Incentive and Other Pay opportunities per department compensation plan):

Base Salary	From: \$	To: \$
--------------------	----------	--------

Additional Salary	From: \$	To: \$
--------------------------	----------	--------

Total	From: \$	To: \$
--------------	----------	--------

Revised Effort Distribution (total to equal 100%):

DHIP: %

SOM: %

Other: % - Specify:

Notes:

Additional notes:

Faculty Member Signature

/ /
Date

Department Chair Signature

/ /
Date