

**Request for an Exception to Participate in  
Individual Flex Activities from  
May 15-June 10**

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

Department: \_\_\_\_\_ Campus/College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_ Proposed Flex Hours to Be Earned: \_\_\_\_\_

Please explain how the activity applies to the faculty member's teaching assignment:

Please explain why a comparable activity could not be completed at any other time:

**DUE DATES:**

**Request for Exception: It is the faculty member's responsibility to ensure that this form is approved and received in the Flex Office no later than **May 3, 2010**.**

**Verification of Completion: It is the faculty member's responsibility to ensure verification of completion is received in the Flex Office no later than **June 10, 2010**.**

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

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

*Signature of Flex Representative*