

MENDOCINO COLLEGE
FLEX AGREEMENT MODIFICATION – FORM 200 (7/09)

Name:

Date:

FT Faculty - Academic year:

PT Faculty - Semester:

Delete:

Activity:

Dates:

Hours:

Activity:

Dates:

Hours:

Activity:

Dates:

Hours:

Addition/Modification:

1. Activity:

Dates:

Hours:

___ Staff ___ Student ___ Instructional Improvement

Explanation:

2. Activity:

Dates:

Hours:

___ Staff ___ Student ___ Instructional Improvement

Explanation:

3. Activity:

Dates:

Hours:

___ Staff ___ Student ___ Instructional Improvement

Explanation:

APPROVAL

All Faculty–Dean _____ Date _____

Full-Time Faculty: Agreement Approved _____ Agreement Denied _____

Flex Review Committee _____ Date _____

Flex Review Committee _____ Date _____