

Education Benefit Agreement

FACILITIES

Employee Name: _____

Semester: _____ Total # of Credit Hours: _____

Typical Work Hours: _____

Class	Day(s)	Time(s)	Related to Job Performance 3 Credit Hour Max (supervisor initial)	Time Will Be Made Up by Employee (supervisor initial)	Lunch Hour Will Be Used (supervisor initial)

**** All class loads and schedules must conform to SUU Policy #8.2.1 <http://www.suu.edu/pub/policies/pdf/PP821Education.pdf>**

List Employee's Revised Work Schedule For Semester Affected by School Attendance:

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
5:00 - 6:00 am							
6:00 - 7:00 am							
7:00 - 8:00 am							
8:00 - 9:00 am							
9:00 - 10:00 am							
10:00 - 11:00 am							
11:00 am - Noon							
Noon - 1:00 pm							
1:00 - 2:00 pm							
2:00 - 3:00 pm							
3:00 - 4:00 pm							
4:00 - 5:00 pm							
5:00 - 6:00 pm							
6:00 - 7:00 pm							
7:00 - 8:00 pm							
8:00 - 9:00 pm							

I agree to abide by the revised work schedule as outlined for the above-named semester. If my school/work schedule changes, I understand that my supervisor must be notified and a new agreement completed.

Employee Signature

Date

Approved:

Supervisor Signature

Date

Executive Director for Facilities Management & Planning

Date