

Education Benefit Agreement

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:

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

Assistant Vice President for Facilities Management

Date