



FLEXTIME WORK SCHEDULE REQUEST

Employee Name: _____ Employee #: 700_____

Job Title: _____ Department: _____

NOTE: Employees are expected to work their normal, on-campus, schedule until this request has been approved by all parties & submitted to Human Resources.

Describe your current and proposed schedule

Day of the Week	Current Schedule (i.e. work hours 8:00am - 5:00pm)	Proposed Flexible Work Schedule/ Core Hours (i.e. work hours 7:30am - 4:30pm)	Proposed "Daily Flex" hours (i.e. arrive between 7am-8:30am & adjust leave time based on arrive time. To be used on a limited basis.)
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Work schedule assumes a 1-hour lunch break. If alternate lunch break preferred, identify here: _____

Conditions of the Flexible Schedule Arrangement:

- Employee is expected to work their normal, on-campus, schedule until this request has been approved by all parties and submitted to Human Resources.
- The employee must adhere to the approved flexible work schedule. No changes will be allowed unless approved in advance by the employee's manager.
- The flexible schedule will be reviewed and approved periodically.
- If the flexible schedule does not meet the operational need of the university at any time or if the employee fails to comply with the approved schedule, such schedule will be discontinued immediately at the discretion of the manager.
- From time to time, it may be necessary for a manager to adjust the employee's flexible work schedule. In such situations, the manager should provide the employee with adequate notice of the change, whenever possible. However, there may be situation in which advanced notice is not possible.

I understand that a flexible work schedule is a management tool and the primary consideration is always a business need and approval is required as outlined in the procedure. It is a privilege, not a right or benefit, and an approved schedule may be discontinued or modified at any time.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Executive Director / VP Signature: _____ Date: _____

Approved: Begin Date: _____ End Date: _____

Declined: Reason _____

Submit a signed copy to Human Resources to be maintained in the employees Personnel File.