

# Flexible Work Schedule Request

## Office of Human Resources

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form.



Check one of the following. Note that authorization for a Flexible Work Schedule must be renewed each fiscal year.

- New Flexible Work Schedule Request
- Continuation of a Flexible Work Schedule into the new fiscal year
- Change to an existing Flexible Work Schedule
- Cancellation of an existing Flexible Work Schedule prior to the end date

EMPLOYEE NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**INSTRUCTIONS:** In the "Work Times" column, enter the specific hours you propose to work each day (e.g., 8am-12noon, 1pm-5pm). In the "Work Hours" column, enter the number of work hours for each day. In the last row called "Total Work Hours in the Workweek," enter the total work hours for the workweek. Non-exempt, full-time employees may not schedule more than 40 work hours during the workweek.

DAY	WORK TIMES	WORK HOURS
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
	<b>TOTAL WORK HOURS IN THE WORKWEEK →</b>	

Provide reason for/purpose of request: \_\_\_\_\_

Explain possible variations to above schedule, if any: \_\_\_\_\_

Provide precise duration dates (from/through) of this Flexible Work Schedule Request: \_\_\_\_\_

**CERTIFICATION:** I request permission to work the Flexible Work Schedule outlined above. I believe that my work can be accomplished within the above schedule with no loss of effectiveness, efficiency, customer service, or disruption to the operations and others in my department. I understand that all approvals must be obtained in advance, prior to the commencement of this request. I understand that my supervisor may require me at any time and for any reason to return to the regular departmental work schedule, and I agree to do so upon request. I understand that Flexible Work Schedules expire at the end of each fiscal year, and that I must initiate a new request if I wish to continue on a Flexible Work Schedule, make a change to an existing Flexible Work Schedule, or cancel an existing Flexible Work Schedule prior to the end date.

X \_\_\_\_\_  
Employee Signature Date

X \_\_\_\_\_  
Supervisor Signature Date

X \_\_\_\_\_  
Department Head/Dean Signature Date

X \_\_\_\_\_  
Appropriate VP Signature Date

X \_\_\_\_\_  
Director of HR Signature Date

Submit completed form with all approvals to the HR Office.