

REQUEST FOR FLEXTIME SCHEDULE

I. Name: _____ Department: _____

Date Submitted: _____

Type of Request (please check one):

- Request New Flextime Schedule
 Revise Current Flextime Schedule
 Cancel current Flextime Schedule

Requested Date to Begin Flextime Schedule: (mm/dd/yy) _____

Length of Flextime Schedule (please check one):

- Three (3) Months Twelve (12) Months
 Six (6) Months On-Going
 Other (describe) _____

II. Type of Flextime Schedule: (check one)

Fixed Flextime Schedule

Monday through Friday from _____ to _____; lunch from _____ to _____

Compressed Workweek:

Day (circle work days)	Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sat.	Total
Work Hrs. (include start & end times)								

Comments:

NOTE: As described in the Holidays Section of the Staff Handbook, the University recognizes fifteen (15) holidays per year for benefit-eligible employees, based on an 8-hour work day. Flextime Schedules may require employees and supervisors to select alternative holiday days in accordance with the Holidays Section of the Staff Handbook, and/or, in the case of Compressed Work Week schedules, making-up time in excess of the 8-hour holiday day (i.e. working 2 additional hours during the holiday week if the Compressed Work Week schedule has 10-hour work days) or utilizing vacation accrual.

III. This section to be completed by the requestor's supervisor:

Approve

Date: _____

Disapprove

Date: _____

Revoke

Date: _____

Comments:

By signing below, I signify that I have read and understand the Flextime Schedules Policy and Guidelines:

Employee's Signature (Date)

Supervisor's Signature (Date)

Department Head's Signature (if applicable) (Date)