

## 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
- Six (6) Months
- Other (describe) \_\_\_\_\_
- Twelve (12) Months
- On-Going

**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)