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:

<table>
<thead>
<tr>
<th>Day</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wed.</th>
<th>Thurs.</th>
<th>Friday</th>
<th>Sat.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hrs. (include start &amp; end times)</td>
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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)