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                       Disapprove                       Revoke
Date: __________________ Date: __________________ 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)