

## Flexible Work Schedule Request/Decision Form

### ***Part I—To be completed by employee***

At least 30 days prior to the anticipated start of a flexible work schedule, complete this form and submit to your supervisor.

Name:

Title:

Empl ID:

Department:

Supervisor's Name:

Official Work Location:

Employee Type: ☐ Non-exempt ☐ Exempt

I request that I be permitted to work the flexible work schedule outlined below:

Day	Work Time	Total Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Weekly Hours*		

I have received and read the [Flexible Work Schedule policy](#). I believe that my work can be completed within the above schedule with no loss of customer service or disruption to others in my department or to the university. I understand that my supervisor may require me at any time, for any reason, to return to the regular work schedule. I also understand that I must submit a new Flexible Work Schedule Request anytime I wish to make a change in my schedule, including returning back to regular work hours.

Print Employee Name:

Employee Signature:

Date:

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_

This agreement is subject to review.

Print Supervisor Name:

Supervisor Signature:

Date:

Print Department Head Name:

Department Head Signature:

Date:

***Part II—To be completed by supervisor***

- ☐ Flexible work arrangement approved.
- ☐ Flexible work arrangement approved with modifications.
- ☐ Flexible work arrangement denied/terminated.

If Flexible Work Schedule request is approved, how will potential gaps in service delivery to external customers, internal customers, coworkers, supervisor/ manager and others be handled?

If modified/declined this request, please explain why:

Please send the original form with required signatures to Campus Human Resources, Sycamore Hall, Room 119. A copy of this form must be placed in the department file and a copy must be sent to the department's time keeper and the requesting employee.