

Flexible Schedule Request Form

Employee Name: _____

Position Title: _____

Department: _____

Supervisor's Name: _____

Department Head: _____

Current (or Regular) Schedule		Proposed Flexible Work Schedule	
Days	Starting/Ending Times	Days	Starting/Ending Times
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Total Hours:		Total Hours:	

I certify that my work can be completed within the schedule set forth above with no loss of customer service or disruption to others in my department or in the department's operations. I understand that my supervisor or department head may require me at any time for any reason to return to the regular work schedule. I agree to do so upon request. I also understand that I must submit a new Flexible Work Schedule Request to make a change in my schedule

Employee's signature _____ *Date*

For Supervisor:

_____ **Approved** ___ **Approved with Modifications*** (note below) _____ **Not Approved**

* Applicable modifications to requested flexible work schedule:

If approved, identify start date for the flexible work schedule: _____

If not approved, provide reason(s):

Supervisor signature

Date

Department Head signature

Date

Office of Human Resources signature

Date