



Flexible Schedule Request Form

Employee Name: _____

Position Title: _____ Position Number: _____

Department: _____ Division: _____

Current and Proposed Schedules:

Current (or Regular) Schedule		Proposed Flexible Work Schedule	
Days	Start & Stop Times (including the unpaid meal period)	Days	Start & Stop Times (including the unpaid meal period)
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Total Hours:		Total Hours:	

Explain any variations to the above schedule:

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 in the department's operations. I understand that my supervisor 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 (i.e. changes that will be ongoing).

Employee's signature

Date

Approved

Not Approved

Reason not approved (if applicable): _____

Supervisor signature

Date

Dean/Department Head signature

Date

Vice Chancellor's signature

Date

Approved start date for the flexible work schedule: _____

Notes: _____
