

Flexible Work Time Request Form

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Type of Schedule Requested:

- Compressed Flex-Time Flexible Work Week Telework

- **Compressed Work Week:** This option permits full-time employees to work the equivalent of a regular work week in fewer than five days.
- **Flex-Time:** This option permits variations in an employee's starting and departure times, but does not change the total number of hours worked in a week.
- **Flexible Work Week:** This option permits employees to work the equivalent of a two week work period (75 hours) in an uneven variation of the two week period.
- **Telework:** This option permits employees to work up to one full work day (7.5 hours) in an alternate location, outside of the employee's office (home, business travel, etc.)

Effective dates: From: _____ To: _____

Complete the chart below with the number of hours that you currently work each day as well as the number of hours that you are requesting to work each day. (Use Week 1 and Week 2 columns for the Flexible Work Week option only. All others use only Week 1 to record the original and new schedule.)

Original Schedule		New Schedule	
Week 1	Week 2	Week 1	Week 2
Monday:	Monday:	Monday:	Monday:
Tuesday:	Tuesday:	Tuesday:	Tuesday:
Wednesday:	Wednesday:	Wednesday:	Wednesday:
Thursday:	Thursday:	Thursday:	Thursday:
Friday:	Friday:	Friday:	Friday:
Saturday:	Saturday:	Saturday:	Saturday:
Sunday:	Sunday:	Sunday:	Sunday:
Total Weekly Hours:	Total Weekly Hours:	Total Weekly Hours:	Total Weekly Hours:

Employee Signature

Date

By signing this form I acknowledge that I have read the Flexible Work Time Policy. I understand that Flexible Work Week option, I must contact payroll immediately after approval.

Approvals

Approved

Rejected

Manager Signature

Date

Approved

Rejected

Division VP or Department Head Signature

Date

The supervisor or employee has the right to terminate this Flexible Work Time agreement at any time if the Flexible Work Time schedule is no longer in the best interest of the department or University, or if it no longer fits the needs of the employee. Notice of at least two work weeks should be given to the employee or supervisor, unless unusual circumstances prevent giving notice.

Place one copy of this agreement in the employee's departmental file, and provide another copy for the employee. Send the original agreement to Human Resources Department (JH 037) for inclusion in the employee's personnel file.

If the Flexible Work Time agreement ends, please complete the section below and send a copy of this form to Human Resources Department (JH 037). A new Flexible Work Time Request Form is to be completed if a different Flexible Work Time schedule is approved.

Termination of Flexible Work Time agreement:

The above Flexible Work Time agreement is terminated on _____.

Employee Signature

Date

Manager Signature

Date

Division VP or Department Head Signature

Date