# **Finance & Administrative Affairs**

**Flexible Work Options**

**Flexible Schedule/alternate schedule request form & agreement**

**Part I—To be completed by Employee**

*At least thirty days prior to the anticipated flexible work schedule begin date, complete this form and submit to appropriate Supervisor.*

Name:  Title:

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** | **Start Time / Range** | **End Time / Range** | **Total Hours** |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| **Total Weekly Hours\*** |  |  |  |

|  |
| --- |
| *Provide description of flexible or alternate schedule if it cannot be represented in table above.* |
|  |

*\*For FLSA non-exempt staff, total hours may not exceed 40.*

**Agreement**

*I have received and read the Flexible Work Options 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:

This agreement will be in effect as follows: Beginning Date:       Ending Date:

\*This agreement is subject to reevaluation should either party request a review.

Print Supervisor Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Director Name: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the original form with required signatures to the F&AA Human Resource Manager. 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.