

REQUEST FOR FIVE-DAY FLEX PROGRAM

I, _____, from the Department of _____, am requesting to work flexible working hours (flextime) during the times indicated below. I am requesting this flextime schedule to begin _____. I understand that the flextime work arrangement is a privilege and is in accordance with the Handbook of Operating Procedures. I have read and understand the following guidelines:

- My request is subject to approval by my supervisor and the Department Chair or Director.
- Consideration of my request will be given, subject to the needs of the work unit.
- I understand that the flextime schedule may be discontinued or changed at any time to meet the needs of the work unit or when unexpected circumstances arise.
- I understand that any abuse of flextime is subject to disciplinary action and possible disapproval of continued flextime privileges.

Please check one of the following:

1. New Request Change of Current Flextime

2. I elect the following flextime schedule: _____

Employee's Signature

Date

Approve

Disapprove

Supervisor's Signature

Date

Approve

Disapprove

Department Chair/Director's Signature

Date