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

OHR5/96