

Flexible Work Schedule Request

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name _____ UIN _____

Title _____ Department _____

I request that I be permitted to work the schedule below beginning _____

In the "Work Times" column, fill in the specific hours you propose to work each day including the time period for your lunch break. Total the number of hours you will work each week in the last row of the "Total Hours" columns. If you are nonexempt (eligible for overtime pay/compensatory time), you may not schedule more than 40 hours during a Thursday-through-Wednesday workweek. If your schedule each workweek will be identical, fill out only the "Week 1" column.

Day	Work Times			
	Week 1	Total Hours	Week 2 (if different from Week 1)	Total Hours
Example	8 a.m. to 12 p.m., 1 p.m. to 5 p.m.	8	8 a.m. to 12 p.m., 1 p.m. to 5 p.m.	8
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Total				

Explain any variations to the above schedule: _____

I am: nonexempt (eligible for overtime) exempt (not eligible for overtime)

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 System Offices. I understand that my supervisor may require me at any time for any reason to return to the regular System Offices 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, including a change back to regular work hours.

Employee signature

Date

Approved by:

Supervisor signature

Date

*Executive Committee member signature**

Date

**Executive Committee member signature required if requesting Saturday or Sunday hours, more than 10 hours in any day or a workweek of less than five days.*