

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; for example, 8 a.m. to noon, 1 p.m. to 5 p.m. 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
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.*