



Summer Flexible Work Schedule Request

Employee Name _____

Employee Identification Number: _____

Job Title: _____

FLSA Status _____

Department: _____

Manager/Supervisor: _____

I request that I be permitted to work the flexible work schedule outlined below:

Day	Start Time	Lunch Break	Stop Time	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Hours				

I believe my job duties can be successfully performed within the time frame as noted above without any loss of customer services or disruption to others in my department or to the University. I understand that my manager/supervisor may require me at any time, for any reason, to return to my regular work schedule.

Employee Name (Print): _____

Employee Signature: _____

Date: _____

Approved _____

Denied _____

Effective Dates: _____

Comments:

Manager/Supervisor Name (Print): _____

Manager/Supervisor Signature: _____

Date: _____