

Flexible Work Schedule Request for Monthly Employees

INSTRUCTIONS: This form is used by exempt employees to request a flexible work schedule which permits exceptions to the normal hours of operation. Flexible work schedule agreements are subject to the conditions outlined in MAPP 02.04.10. Additional information or comments may be attached to this form where related to the terms of this flexible work schedule.

Employee Name (printed)	Employee Title
Department	Effective Starting Date

<i>Week One</i>				
	Begin Time	End Time	Lunch Time	Daily Hours
Wed				
Thur				
Fri				
Sat				
Sun				
Mon				
Tues				
Total Hours*				

<i>Week Two (If different from Week 1)</i>				
	Begin Time	End Time	Lunch Time	Daily Hours
Wed				
Thur				
Fri				
Sat				
Sun				
Mon				
Tues				
Total Hours*				

**Exempt employees may work a flexible 80-hour schedule within any consecutive two-week period under this agreement.*

I, the undersigned employee, understand the following:

- My request, if approved, may be modified, continued or discontinued at the discretion of management at any time.
- I must use paid and/or unpaid leave, in correlation with my approved flex schedule for any hours I do not work. (Example: If the flexible work schedule includes a 9-hour work day, then any paid leave for that day would be taken as 9 hours of leave).

Employee Signature

Date

APPROVED:

Supervisor Name

Supervisor Signature

Date

Department Head Name

Department Head Signature

Date

VP (or Designee) Name

VP (or Designee) Signature

Date