|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |       | Status: | [ ]  EPA-FT  [ ]  EPA-PT  [ ]  SPA-FT  [ ]  SPA-PT |
| Position Title |       | Position Number |       |
| Department |       | Division |       |

|  |  |
| --- | --- |
| **Current (or Regular) Schedule** | **Proposed Flexible Work Schedule** |
| **Days** | **Start and Stop Times**(Including the Unpaid Meal Period) | **Days** | **Start and Stop Times**(Including the Unpaid Meal Period) |
| Sunday |       | Sunday |       |
| Monday |       | Monday |       |
| Tuesday |       | Tuesday |       |
| Wednesday |       | Wednesday |       |
| Thursday |       | Thursday |       |
| Friday |       | Friday |       |
| Saturday |       | Saturday |       |
| **Total Hours:** |  | **Total Hours:** |       |

**Current and Proposed Schedules**

Explain any variations to the above schedule:

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|       |

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 the department’s operations. I understand that my department head/designee may require me at any time for any reason to return to the regular 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 (i.e. changes that will be ongoing.) I understand that denial of this request is not grievable.

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|  |  |       |
| Employee’s Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| **NOT APPROVED** **[ ]  Date:**  | **Supervisor’s Signature** |  |
|  |
| **DEPARTMENT APPROVAL CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| Name and Title of Employee’s Supervisor |  | Name and Title of Department Head |  | Name of Dean/Vice Chancellor |
|  |  |  |  |  |
| Signature of Employee’s Supervisor |  | Signature of Department Head |  | Signature of Dean/Vice Chancellor |
|  |       |  |  |  |       |  |  |  |       |  |
| Date |  | Date |  | Date |

|  |
| --- |
| **OFFICE OF HUMAN RESOURCES USE ONLY** |
| **Date Received:** | Click here to enter a date. | **Date Reviewed:** | Click here to enter a date. | **Employment Consultant:** |  |
| **Human Resources Authorization:** |  |  |
| **Comments:** |  |
|  |  |