|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:

|  |
| --- |
|  |

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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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:** | |  | | | | | | |
|  | |  | | | | | | |