As per NCCU policy, the department head or designee may terminate the Flexible Work Schedule Agreement at any given time   
due to other employee needs, new employee responsibilities within the department, or for other conditions.   
**This action is not grievable.**

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

Due toyour previously approved flexible work schedule is terminated effective Click here to enter a date.. You will now be required to work the following regular schedule.

|  |  |
| --- | --- |
| **APPROVED REGULAR WORK SCHEDULE** | |
| **EFFECTIVE:** Click here to enter a date. | |
| **Days** | **Start and Stop Times**  *(Including the Unpaid Meal Period)* |
| Sunday |  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| **Total Hours:** |  |

I understand that I will now be required to work the regular work schedule shown above.

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