



## Flex Work Schedule Request

|             |  |             |  |
|-------------|--|-------------|--|
| Name:       |  | UIN:        |  |
| Title:      |  | Department: |  |
| Start Date: |  | End Date:   |  |

**I request approval to work the alternative work schedule outlined below.**

**Instructions:** in the "Work Times" column, fill in the specific hours you propose to work each day (e.g., 7am to noon, 1pm to 4pm). Total the number of hours you will work each week in the last row of the "Total Hours" column. If you are an hourly employee, you may not schedule more than 40 hours during a Sunday-through-Saturday workweek.

| Day          | Work Time | Total Hours |
|--------------|-----------|-------------|
| Sunday       |           |             |
| Monday       |           |             |
| Tuesday      |           |             |
| Wednesday    |           |             |
| Thursday     |           |             |
| Friday       |           |             |
| Saturday     |           |             |
| <b>Total</b> |           |             |

Reason/Justification for request:

I believe that my work can be completed within the above schedule with no loss of customer service or disruption to others in the agency. I understand that failure to accomplish this will result in me being required to return to the regular work schedule. I agree to do so upon request. I also understand that I must request the appropriate form of leave for any hours not worked.

### Signatures/Approvals

|                                | Signature | Date |
|--------------------------------|-----------|------|
| Employee                       |           |      |
| Supervisor                     |           |      |
| Department Head                |           |      |
| Deputy Director,<br>CFO or CAO |           |      |
| Director                       |           |      |