



**Flexible Work Schedule Request
For Compressed Work Week
(Available During Summer Schedule Only**)**

Employee Name

Supervisor Name

Department

Bargaining Unit*

Job Title

Name of Department Head

Requested schedule:

Day	Workday Start Time	Lunch Period Length	Workday End Time	Hours Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Lunch period must either be 1 hour or 30-minutes

Total Hours: _____

Requested Date to Begin Compressed Workweek _____

By signing below, I affirm that I have read the Flexible Scheduling Policy and agree to adhere to all policy requirements.

Requesting Employee: _____ Date: _____

By signing below, I affirm that this request has been assessed and given due consideration to the department/unit's specific needs and circumstances and how this arrangement will impact them.

Supervisor: _____ Date: _____

Department/Unit Head: _____ Date: _____

Cabinet Member: _____ Date: _____

Approval period (dates): _____

***All requests from bargaining unit employees must be reviewed by Human Resources for potential collective bargaining implications prior to implementation.**

Please maintain a copy of the signed form and return the original, fully executed form to Human Resources.

**Summer Schedule is approximately Mid-May through Mid-August. Refer to HR information for specific dates each year.