



WORK FLEX SCHEDULE FORM

Staff may request to deviate from the established work schedule in lieu of using sick time for temporary absences or temporary personal need. Temporary means that it will last for a limited short period of time. This variance is not intended to alter the workweek on an ongoing basis. This request must be submitted in advance and requires supervisor/management approval.

Name: _____

Date Submitted: _____

Department: _____

Supervisor: _____

Week beginning: _____

Week ending: _____

Current Work Schedule:

Day	Start Time	Lunch Break	End Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Work Hours:			

Proposed Work Flex Schedule:

Day	Start Time	Lunch Break	End Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Work Hours:			

Reason for the Request:

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head Signature

Date

Approved Denied

Please state reason if denied:

Please return completed form to Human Resources