Flexible Work Schedule Request

Name:	
Job Title:	☐ Exempt
	☐ Non-Exempt
College/Department:	Date:

_____
Employee Signature

Indicate your current and proposed schedule

Current Schedule		Proposed Flex Work Schedule	
Days	Hours	Days	Hours
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	
Total Hours:		**Total Hours:**	