



FLEXIBLE WORK SCHEDULE REQUEST FORM

Date: _____

Supervisor's Name: _____
(Please print)

Employee's Name: _____
(Please print)

Employee's ID #: _____

Employee's Regular Work Hours: _____

Course Number: _____

Semester:

- Fall Spring Summer I Summer II

Days:

- Monday Tuesday Wednesday Thursday Friday

The above listed course is not offered during non-business hours. I have approved the following flexible schedule:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

IMPORTANT: Only one course per semester may be scheduled during normal work hours.

Supervisor's Signature: _____ Date: _____

Please return this form to human resources, benefits unit.