



# 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:** Employees may attend one course per semester (fall/spring) during the normal workday without being required to use vacation or personal leave. Supervisor must approve the use of vacation or personal leave.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to human resources, benefits and wellness unit.**