FLEXIBLE WORK SCHEDULE REQUEST FORM

Date: _____

Supervisor's Name: _____
<div align="center">(Please print)</div>

Employee's Name: _____
<div align="center">(Please print)</div>

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.

Updated: 08/24/09