



Alternative Work Schedule REQUEST FORM

This arrangement is effective [DATE] through [DATE] unless terminated earlier.
[EMPLOYEE NAME] understands and agrees to the conditions in this Alternative Work
Schedule Approval Form.

Employee Name: _____
Employee ID: _____
Administrative Unit/School, Department: _____
Title: _____
Position is EXEMPT or NON-EXEMPT from overtime.

Description of Flex Schedule Arrangement:

| | |
|-------------------|--|
| Start of Workday: | |
| End of Workday: | |

Employee understands that the university, at its discretion, may alter or terminate the agreement at any time

Agreed to by:

[EMPLOYEE NAME]

Date

[SUPERVISOR NAME]

Date