

Request for Changed Work Hours or Flex Time

Must be resubmitted periodically - circle one: Semester Annual

Date: _____

Name: _____

Employee ID# _____

Department: _____

Working Title: _____

Currently Scheduled Hours:

Mon	Tue	Wed	Thur	Fri	Total Hours

Requested Schedule:

Mon	Tue	Wed	Thur	Fri	Total Hours

Requested effective date: _____

Why are you requesting this change?

Who are the primary "customers" served by your position:

What is the expected impact on the your constituents and colleagues?

Signature of employee making the request

Date:

Manager's Evaluation:

Is there adequate coverage if approved?

Effects on customers, co-workers and other considerations:

Circle One:

Approved

Denied

Manager Signature

Date:

AVP Signature

Date:

VP Signature

Date: