



University Libraries

FLEXTIME REQUEST AND AGREEMENT

I. Employee

Name: _____ Date: _____
 Class/Title: _____ Exempt ___ Non-Exempt ___
 Division: _____ Work Unit/Section: _____

II. Workweek

Current Schedule	Start/Stop Times	Proposed Schedule	Start/Stop Times
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Total work hours		Total work hours	

III. Trial Period

Begin Date: _____ **End Date:** _____

IV. Approvals

Flextime is a discretionary management tool; it is not an employee right or benefit. The primary consideration is always business need. Approval of an alternative work schedule is at the sole discretion of the appointing authority. An approved schedule may be discontinued or modified at any time; and a 2 week notice will be given when it is feasible.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Associate Director _____ Date: _____

Libraries Dean's Signature: _____ Date: _____

Approved:

Effective date: _____ End date (if temporary): _____

Declined:

Reason:

Copies: Employee
 Supervisor
 Human Resources

Approved by Libraries Council August 21, 2008
 Approved by Libraries Cabinet September 9, 2008