

**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: