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| --- | --- | --- |
| UA-color-left-med | Flex Time Work ScheduleRequest/Agreement |  **UADA 440.5A****April 1, 2021** |
| **I. Employee:** |
|  |
| Name: |       | Employee ID#: |       |  |
|   |
| **II. Position**  |
|  |  |  |
| Employee Working Title: |       | Employee Line Item Title: |        |
|  |
| Supervisor Name:  |       | Department: |       | Work Location:  |       |
|  |
| Exempt [ ]  Non-Exempt [ ]  |
|  |
| **III. Workweek Schedule** |
|  |
|  | Current Schedule  | Begin/End Times |  |  |
|  | *Ex. Monday- Friday* | *8:00 a.m. – 5:00 p.m.* |  |
|  |       |       |  |
|  |
|  | Proposed Schedule  | Begin/End Times | **Please Note: Total actual work hours must be 40 hours not including lunch break.** |
|  | *Ex. Monday-Friday* | *7:00 a.m. – 4:00 p.m.* |
|  |       |       |  |  |  |  |  |
|  |
| Employee Lunch Break: 30 Minutes [ ]  1 Hour [ ]   |
|  |
| Effective Date (When Proposed Schedule Begins):       |
|  |
| **IV. Approvals** |
|  |
| **Please Read Carefully** |
|  |
|   | I have reviewed UADA Policy 440.5 and certify that I understand if the proposed workweek is approved, such schedule will remain the same until this request is subsequently changed or discontinued. I also understand and agree that flex time scheduling is a privilege, not a right, and approval is at the sole discretion of the Unit/Department Head, or if applicable, the appropriate Sr. Associate Vice President.  |
|  |  |  |  |
| Employee Name: |       |  |  |
|  |  |  |  |
|  |  |  |  |
| Employee Signature |  |  Date: |        |
| APPROVED BY: |  |
| Supervisor Signature:  |  |  Date:  |        |
|  |  |  |  |
| Unit/Department HeadSignature: |  |  Date: |       |
|  **APPROVED REQUESTS MUST BE SUBMITTED TO HR DEPARTMENT** |