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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.* | | | | |  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 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.* | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Lunch Break: 30 Minutes  1 Hour | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effective Date (When Proposed Schedule Begins): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. Approvals** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please Read Carefully** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employee Name: | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |
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| Employee Signature | | | | |  | | | | | | | | | Date: | | | | | |  | | | | | | | |
| APPROVED BY: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Supervisor Signature: | | | | | |  | | | | | | | | | Date: | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | |  | | | | | | | |
| Unit/Department Head  Signature: | | | | | |  | | | | | | | | | Date: | | | | |  | | | | | | | |
| **APPROVED REQUESTS MUST BE SUBMITTED TO HR DEPARTMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |