

SUMMER ONLY
REQUEST FOR FLEXTIME

NAME: _____ DEPARTMENT: _____

DIVISION: _____ POSITION: _____

DIVISION "CORE" HOURS (when all exempt employees must be present): _____

TYPE OF STAFF: Support Staff/Non Exempt () Administrative/Exempt ()
 Technical/Non-Exempt () Technical/Exempt ()

Day	Start Time	Lunch Break	Ending Time	Vacation	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

TOTAL _____

(Actual work hours and vacation time for full-time employees must equal: Admin/Tech Exempt 37.5; Supp. Staff/Tech Non-Exempt 32.5)

EMPLOYEE SIGNATURE: _____ DATE: / /

 Is the employee capable of working without supervision? Yes _____ No _____
 Is there enough assigned work to be completed outside "normal" hours? Yes _____ No _____
 Is there sufficient office coverage during "normal" hours (8:30-4:00)? Yes _____ No _____
 Are resources available to do his/her job, e.g. computer, copy machine? Yes _____ No _____

Other _____

SUPERVISOR/DEPT. HEAD _____ **Approve** ___ **Reject** ___ **Date** _____
 (Signature)

REASON FOR REJECTION: _____

DIRECTOR: _____ **Approve** ___ **Reject** ___ **Date** _____
 (Signature)

REASON FOR REJECTION: _____

VICE PRESIDENT: _____ **Approve** ___ **Reject** ___ **Date** _____
 (Signature)

REASON FOR REJECTION: _____

IMPLEMENTATION DATE: _____

DURATION OF FLEXTIME: _____