



# Flex Schedule Request Form

## Part I – To be Completed by the Employee

Employee Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Session:    Fall         Spring         Summer 1         Summer 2         Summer 3

Class Schedule:  M/W     M/W/F     T/H     Other (Please List) \_\_\_\_\_

Class Times: From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

Total time needed weekly to attend classes: \_\_\_\_\_ (in hours)  
**(Please include time needed to go to and return from class)**

Define flex schedule to accommodate class time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II – To be Completed by the Supervisor

Approved                       Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part III – To be Completed by the Human Resources Office

Approved                       Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wayne E. Patterson, Assistant Director  
Human Resources & Labor Relations

c: Employee                      Payroll  
    Collective Bargaining Unit    Human Resources Office (Original)  
    Supervisor