

## FLEXIBLE WORK SCHEDULE REQUEST

Name \_\_\_\_\_ UIN \_\_\_\_\_

Title \_\_\_\_\_ Unit/Dept \_\_\_\_\_

**I request that I be permitted to work the alternative work schedule outlined below.**

Instructions: In the “Work Times” column, fill in the specific hours you propose to work each day; for example, 7 am. to noon, 1 p.m. to 4 p.m. Total the number of hours you will work each week in the last row of the “Total Hours” column. If you are nonexempt (eligible for overtime pay/compensatory time), you may not schedule more than 40 hours during a Thursday-through-Wednesday workweek.

Day	Work Times	Total Hours
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
<b>Total</b>		

Explain any variations to the above schedule: \_\_\_\_\_

**I am:**      **non-exempt (eligible for overtime)**      **exempt (not eligible for overtime)**

*I believe that my work can be completed within the above schedule with no loss of customer service or disruption to others in my department or to Texas A&M AgriLife. I understand that my supervisor may require me at any time, for any reason, to return to the regular work schedule. I agree to do so upon request. I also understand that I must submit a new Flexible Work Schedule Request anytime I wish to make a change in my schedule, including a change back to regular work hours.*

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

**Approved:**

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

Unit Head Signature: \_\_\_\_\_ Date \_\_\_\_\_