

## Flexible Work Schedule Request

Name \_\_\_\_\_ Title \_\_\_\_\_  
 UIN \_\_\_\_\_ Department \_\_\_\_\_  Exempt  Non-Exempt

I request permission to work the flexible work schedule outlined below beginning \_\_\_\_\_ and ending \_\_\_\_\_ (if applicable). I have reviewed TAMU-SA Procedure [33.06.01.00.01](#), Flexible Work Schedules and understand the guidelines and responsibilities set forth by this procedure. I understand that my work must be completed within this schedule with no degradation to customer service or disruption to others or normal business operations. I understand that my supervisor may require me at any time and for any reason to return to my current work schedule. I also understand that I must submit a new Flexible Work Schedule request to make a change in my schedule, including a change back to regular work hours.

<u>Day:</u>	<u>Work Schedule:</u>	<u>Total Hours:</u>
<b>Sunday</b>	_____	_____
<b>Monday</b>	_____	_____
<b>Tuesday</b>	_____	_____
<b>Wednesday</b>	_____	_____
<b>Thursday</b>	_____	_____
<b>Friday</b>	_____	_____
<b>Saturday</b>	_____	_____
<b>TOTAL</b>		_____

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

---

**Approved:** By signing below, the supervisor agrees to the following work schedule listed above.

\_\_\_\_\_  
 Supervisor Signature Date

\_\_\_\_\_  
 Department Head Signature Date

\_\_\_\_\_  
 VP or President Signature Date

**Note: please provide copies of approved or rescinded work schedules to HR and Payroll.**  
**Not approved:** (Provide feedback to employee below.)

\_\_\_\_\_  
 Supervisor Signature Date