

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Human Resources FLEXIBLE WORK SCHEDULE APPLICATION

Name _____

Title _____

Department _____ Date of application _____

Flexible Work Schedule:

DAY OF WEEK	HOURS				TOTAL HOURS PER DAY
	BEGIN TIME	END TIME	BEGIN TIME	END TIME	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL HOURS PER WEEK:					

SCHEDULE EFFECTIVE DATES (not to exceed 1 year): Beginning _____ Ending _____

Describe the benefits for this flexible work schedule: _____

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____

Administrator's signature _____ Date _____

Approved Disapproved Reason/s: _____

Verified by Payroll

Verified by Human Resources