



Request for Flexible Work Hours Schedule

Date: _____ AP CS **Employee UIN** _____

From: _____ **Campus Mail:** _____
(Employee)

To: _____
(Immediate Supervisor)

I am requesting consideration and approval to participate in the flexible hours work schedule program and have checked the work hours indicated below that would best accommodate my needs. **I understand that if this schedule is approved it shall be my normal work schedule and cannot be changed (other than on a temporary basis and with approval of my supervisor) unless a new work schedule is approved by my supervisor(s) and the Office of Human Resources.** I also understand that flextime schedules will not be approved in those areas where flexible work hours would cause operating problems to the department or would otherwise not be in the best interest of the University of Illinois at Springfield.

I am requesting this flexible schedule beginning _____ through _____.

CHECK ONE:

- | | |
|--|---|
| _____ 7:00 a.m. – 3:30 p.m. (1 hr lunch) | _____ 8:30 a.m. – 4:30 p.m. (1/2 hr lunch) |
| _____ 7:00 a.m. – 3:00 p.m. (1/2 hr lunch) | _____ 9:00 a.m. – 5:30 p.m. (1 hr lunch) |
| _____ 7:30 a.m. – 4:00 p.m. (1 hr lunch) | _____ 9:00 a.m. – 5:00 p.m. (1/2 hr lunch) |
| _____ 7:30 a.m. – 3:30 p.m. (1/2 hr lunch) | _____ 9:30 a.m. – 6:00 p.m. (1 hr lunch) |
| _____ 8:00 a.m. – 4:30 p.m. (1 hr lunch) | _____ 9:30 a.m. – 5:30 p.m. (1/2 hr lunch) |
| _____ 8:00 a.m. – 4:00 p.m. (1/2 hr lunch) | _____ 10:00 a.m. – 6:30 p.m. (1 hr lunch) |
| _____ 8:30 a.m. – 5:00 p.m. (1 hr lunch) | _____ 10:00 a.m. – 6:00 p.m. (1/2 hr lunch) |
- (Normal Work Hours)

APPROVALS

- | | | |
|------------------------------|-------|---------------------------------------|
| _____ | _____ | <input type="checkbox"/> Approved |
| Immediate Supervisor | Date | <input type="checkbox"/> Not Approved |
| _____ | _____ | <input type="checkbox"/> Approved |
| Next Higher Level Supervisor | Date | <input type="checkbox"/> Not Approved |
| _____ | _____ | <input type="checkbox"/> Approved |
| Division Head | Date | <input type="checkbox"/> Not Approved |

OFFICE OF HUMAN RESOURCES

- | | | |
|-----------------------------|-------|---------------------------------------|
| _____ | _____ | <input type="checkbox"/> Approved |
| Director of Human Resources | Date | <input type="checkbox"/> Not Approved |