Request for Flexible Work Hours Schedule
Civil Service Only – Use Alternate Work Schedule for AP

Date: ___________________________  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

□ Approved  □ Not Approved

Immediate Supervisor  Date

□ Approved  □ Not Approved

Next Higher Level Supervisor  Date

□ Approved  □ Not Approved

Division Head  Date

OFFICE OF HUMAN RESOURCES

□ Approved  □ Not Approved

Director of Human Resources  Date

(1) Original to HR; (2) Dept & employee keep copies; (3) HR emails employee & supervisor when completed.  5/13