



Request for Flexible Work Hours Schedule

Civil Service Only – Use Alternate Work Schedule for AP

Date: _____

Employee UIN _____

From: _____
(Employee)

Campus Mail: _____

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
