

# SKILLED TRADES FLEXTIME REQUEST FORM

*To request to intermittently flex your work schedule to a full or partial schedule within the same calendar week, **you must** complete this form and **submit it to your supervisor.***

|            |  |             |  |
|------------|--|-------------|--|
| Last Name: |  | First Name: |  |
|------------|--|-------------|--|

|       |                       |             |
|-------|-----------------------|-------------|
| UMID: | Classification Title: | Department: |
|-------|-----------------------|-------------|

Dates and hours of Flextime request:

Work \_\_\_\_\_ (hours) less than normal schedule of work on \_\_\_\_\_ (Date).

Work \_\_\_\_\_ (hours) more than normal schedule of work on \_\_\_\_\_ (Date).

Reason for your request:

---



---

|                     |                 |
|---------------------|-----------------|
| EMPLOYEE SIGNATURE: | DATE SUBMITTED: |
|---------------------|-----------------|

Approved       Not Approved

**NOTE:** *If approved by your supervisor, you and your Steward will receive a written confirmation no later than the end of your next regular workday, and any daily overtime premiums in accordance with paragraphs 11-1 and 11-3 of Article 11, Overtime will be waived.*

SUPERVISOR SIGNATURE:

|                            |   |
|----------------------------|---|
| DATE RETURNED TO EMPLOYEE: | DATE RETURNED TO STEWARD (if approved): |
|----------------------------|---|

NAME OF STEWARD GIVEN WRITTEN CONFIRMATION OF APPROVAL:

**FOR SUPERVISOR USE ONLY** (Notes/Comments):

---



---



---