

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):
