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4.403:01 Flexible Work Arrangements Request Form

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FLEXIBLE WORK ARRANGEMENTS REQUEST FORM

Notice: Before Completing this Request Form, Employee should read Policy #4.403 Flexible and Alternative Work Schedules.

Employee Name: _____ Campus: _____

Department: _____ Work Phone: _____

1. Indicate Day / Week or Pay Period that you are requesting a Flexible Work Arrangement:

2. State the Reason you are requesting Flex Work Arrangement:

3. State the type of Flexible Work Arrangement you are requesting:

Please Read Definitions Below from Policy 4.403:

Flexible Scheduling: is a flexible work arrangement that includes a consistent weekly schedule with individualized daily starting and ending times. For example, the weekly schedule may include a daily schedule that starts or ends at different times each day. The varying daily schedule may include a consistent 8 hour day, for example, throughout the week or a varying daily schedule of more or less than 8 hours. The total weekly hours must equal the number of hours established in the employment letter of agreement for each employee.

Compressed Workweek: is a form of flexible scheduling which enables eligible full-time employees to work longer days in exchange for a shorter workweek. An example of a compressed workweek FWA would be four ten hour days with no work on the fifth day. (For non-exempt employees in California, compressed workweeks have overtime pay implications. See Section IV, D, of Policy 4.103.)

Flextime: is a flexible work arrangement by which non-exempt employees' makeup time missed during their normal work schedule by coming in early or working late some day during the same workweek. An example of flextime would be an employee who works 1 hour beyond their normal schedule on Monday to accommodate the need to leave one hour early on Tuesday. Such flextime is addressed on an *ad hoc* basis by the employee's supervisor and is not part of a routine Flexible Schedule as defined above. (For non-exempt employees in California, this flex scheduling has overtime pay implications. See Overtime Pay, Policy 4.405 and "make-up time").

Employee Signature

Date Submitted: _____

Name of Employee Supervisor (Please Print)

Supervisor Signature

Date Approved: _____

Reviewed/Approved by HR Director

Signature of HR Director

Date Approved: _____