

MISSISSIPPI UNIVERSITY FOR WOMEN

Flex Time Work Schedule Request

Employee Name:

MUW ID #: 950

Job Title:

Department:

Type of flex:

On-going: Complete Column A & B.

Requires Supervisor, Unit Manager (if different), SPCM and HR approval. Submit approved form to HR prior to starting the revised schedule. Form will be maintained in the employee's personnel file.

Intermittent (time-limited but more than a single workweek): Complete Column A & B.

Requires Supervisor, Unit Manager (if different) and SPCM approval. Approved form must be submitted to HR prior to starting the revised schedule. Form will be maintained in the employee's personnel file.

Intermittent (single workweek only): Complete Column C.

Requires Supervisor approval. Approved form is kept on file in the department.

Day	A. Current Schedule List work hours (i.e., 8:00am - 5:00pm; indicate lunch break.	B. Proposed Work Schedule List work hours (i.e., 7:30am – 4:30pm; indicate lunch break.	C. Single Workweek Flex Schedule List revised work hours; indicate lunch break.
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Workweek must equal 40 hours for full-time or the number of hours employee is required to work for part-time.

Employees are expected to work their normal schedule until this request has been approved by all applicable parties.

Reason for Request:

I understand that a flex time work schedule is a management tool and the revised schedule must align with the operational needs of the university and the department. It is a privilege, not a right or benefit, and an approved schedule may be altered or rescinded, temporarily or permanently, by the supervisor or other approver at any time.

Signing this form acknowledges the employee and supervisor have read Flex Time in the Employment Handbook:

<https://www.muw.edu/hr/employees/handbook/information/relations/#flextime>.

Employee Signature:

Date:

Supervisor Signature:

Date:

Unit Manager Signature:

Date:

Supervising President's Cabinet Member Signature:

Date:

Approved: Begin Date:

End Date:

Declined: Reason