

# 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:	
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UMID:	Classification Title:	Department:
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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:

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EMPLOYEE SIGNATURE:	DATE SUBMITTED:
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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):
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NAME OF STEWARD GIVEN WRITTEN CONFIRMATION OF APPROVAL:

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

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