



**FLEX TIME
REQUEST FOR ADJUSTED SCHEDULE**

Employee: _____

Department: _____

Building: _____

Current Schedule: _____

Requested Adjusted Schedule: _____

Time Period for New Schedule: _____

Start Date: _____ End Date: _____

Reason for Request:

Briefly describe how your adjusted schedule will impact your work responsibilities, and how these responsibilities can be met:

**Employees shall continue to serve the needs of the students beyond the time designated above and also attend staff meetings which extend beyond the end of the working day per the Master Agreement.*

Employee Signature: _____

Approved Not Approved: _____
Supervisor *Date*

Approved Not Approved: _____
Human Resources *Date*

**Professional Staff only
updated 8/2021*