

Employee Request for Work Schedule Change

All non-exempt (hourly) employees of the Hoosier Uplands Children's Services Division needing to change their regular work schedule are required to complete this form and submit to their supervisor for approval. This form must be submitted no less than 3 work days **prior** to the date of the requested change.

Employee's Name _____

SECTION I.

It is necessary for me to change my regular work schedule on:

Day of the week (Circle one) M T W Th F Date _____

For the following reason(s): _____

Total hours to be flexed _____

SECTION II.

I understand that when it becomes necessary to change my regular work schedule, I am expected to flex my time either the day of or the day following the activity that has caused this request to be generated.

I am requesting to flex my work time as follows:

Day of the week (Circle one) M T W Th F Date _____

From _____ a.m./p.m. To _____ a.m./p.m. Total hours _____

Due to the following reason(s) I am unable to flex my time either the day of or the day following the above referenced activity:

Employee's Signature _____ Date _____

Disposition of Request:
Supervisor approved _____ Supervisor denied _____ Date _____

Supervisor Signature _____