Alternative Work Schedule REQUEST FORM

This arrangement is effective [DATE] through [DATE] unless terminated earlier. [EMPLOYEE NAME] understands and agrees to the conditions in this Alternative Work Schedule Approval Form.

Employee Name: _____
Employee ID: _____
Administrative Unit/School, Department: _____
Title: _____
Position is EXEMPT or NON-EXEMPT from overtime.

Description of Flex Schedule Arrangement:

<table>
<thead>
<tr>
<th>Start of Workday:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Workday:</td>
<td></td>
</tr>
</tbody>
</table>

*Employee understands that the university, at its discretion, may alter or terminate the agreement at any time*

Agreed to by:

___________________________________________  ________________
[EMPLOYEE NAME]  Date

___________________________________________  ________________
[SUPERVISOR NAME]  Date