



SUMMER FLEX WORK SCHEDULE REQUEST

Name: _____ Dept: _____

Start Date: _____ End Date: _____

MONDAY – THURSDAY

- | | | | | |
|--------------------------|-------------|-----------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Schedule #1 | Monday – Thursday
Friday | 7:00 AM – 6:00 PM
OFF | One Hour Lunch Break Unpaid |
| <input type="checkbox"/> | Schedule #2 | Monday – Thursday
Friday | 7:00 AM – 5:30 PM
OFF | Half Hour Lunch Break Unpaid |
| <input type="checkbox"/> | Schedule #3 | Monday – Thursday
Friday | 7:30 AM – 6:00 PM
OFF | Half Hour Lunch Break Unpaid |

TUESDAY – FRIDAY

- | | | | | |
|--------------------------|-------------|--|---|--|
| <input type="checkbox"/> | Schedule #4 | Monday
Tuesday – Thursday
Friday | OFF
7:00 AM – 6:00 PM
7:00 AM – 4:00 PM | Half Hour Lunch Break Unpaid
Half Hour Lunch Break Unpaid |
| <input type="checkbox"/> | Schedule #5 | Monday
Tuesday – Thursday
Friday | OFF
7:30 AM – 6:30 PM
7:00 AM – 4:00 PM | Half Hour Lunch Break Unpaid
Half Hour Lunch Break Unpaid |

MONDAY – FRIDAY

- | | | | | |
|--------------------------|---|--|---|---|
| <input type="checkbox"/> | Schedule #6 | Monday – Thursday
Friday | 7:00 AM – 5:00 PM
7:00 AM – 11:00 AM | One Hour Lunch Break Unpaid
No Lunch Break |
| <input type="checkbox"/> | Schedule #7 | Monday – Thursday
Friday | 7:30 AM – 5:30 PM
7:30 AM – 11:30 AM | One Hour Lunch Break Unpaid
No Lunch Break |
| <input type="checkbox"/> | Schedule #8 | Monday – Thursday
Friday | 7:30 AM – 5:00 PM
7:30 AM – 11:30 AM | Half Hour Lunch Break Unpaid
No Lunch Break |
| <input type="checkbox"/> | Schedule #9 | Monday – Thursday
Friday | 8:00 AM – 5:30 PM
8:00 AM – 12:00 PM | Half Hour Lunch Break Unpaid
No Lunch Break |
| <input type="checkbox"/> | Part-Time Employee
or Maintenance
Employee Schedule | Monday
Tuesday – Thursday
Friday | ____ AM – ____ PM
____ AM – ____ PM
____ AM – ____ PM | ____ Lunch Break Unpaid
____ Lunch Break Unpaid
____ Lunch Break Unpaid |

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

____ Approved ____ Denied

Original: HR____ Copies: Employee____ Supervisor____