THE UNIVERSITY OF MEMPHIS

FLEX TIME (ALTERNATIVE WORK SCHEDULE) REQUEST

This form is for staff use only.

EMPLOYEE INFORMATION:

Name: _____ **U#:**_____

Title: _____ **Department:** _____

DESCRIBE YOUR CURRENT AND PROPOSED SCHEDULE:

	Current Schedule (Hours)		Proposed Alternative Work Schedule (Hours)	
Days	**On-Site**	**Off-Site**	**On-Site**	**Off-Site**
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

CONDITIONS OF THE FLEX TIME ARRANGEMENT:

- **The arrangement will be reviewed and extended thereafter on a yearly basis. If the arrangement does not meet the operational needs of the department and/or the employee fails to comply with the approved alternative work schedule, it can be discontinued at any time at the discretion of the supervisor.**
- **The supervisor will discuss the arrangement and determine whether it should be continued, modified, or terminated.**
- **The employee must adhere to the approved alternative work schedule; no changes will be allowed unless approved in advance by the supervisor.**
- **The employee must maintain the expected quantity and quality of work and acceptable attendance.**
- **If at any time the employee requests to return to the standard work schedule, the supervisor may grant the request, at his or her discretion.**
- **If the employee fails to comply with the alternative work schedule arrangement, he or she will be returned to the standard work schedule for the department and may be subject to disciplinary action.**
- **From time to time, it may be necessary for a supervisor to make adjustments to the employee's alternative work schedule. In such instances, the supervisor should provide the employee with reasonable notice of the change, whenever possible.**
- **University paid and unpaid leave policies will apply to an employee working under an Alternative Work Schedule.**

I understand that approval of this proposal does not constitute and will not be construed as a contract of employment. The University of Memphis employment relationships are "at will." This flexible work arrangement is not intended to supersede or override the University of Memphis employment policies at any time.

_____ _____

Employee Signature **Date**

SUPERVISOR REVIEW:_____ **Approved** **From** _____ **To** _____ **(Not to exceed 1 year)**
_____ **Denied** **(Date)** **(Date)**

_____ _____

Supervisor Printed Name **Title**

_____ _____

Supervisor Signature **Date**

Please return completed form to Department of Human Resources, AD 176

Approved by AVP/Chief Human Resources Officer:_____ **Date:**_____