

Managerial/Confidential Request for Temporary Flexible Schedule

(to take credit bearing course(s) during working hours)

SECTION I: (To be completed by employee)

Employee:

Department:

Title:

Phone:

DATES REQUESTED (indicate semester and dates)

SEMESTER: Fall Intersession Spring Summer

From:

To:

PROPOSED WORK SCHEDULE FOR ABOVE DATES

Monday

Tuesday

Wednesday

Thursday

Friday

Employee Signature

Date

SECTION II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR

Please define explicitly the impact on departmental services.

Do you approve the work schedule arrangements above?

_____ Yes

_____ No (Please explain)

Supervisor's Signature

Print Name and Title

Date

**APPROVED REQUEST MUST BE ATTACHED TO REIMBURSEMENT/WAIVER APPLICATION,
SUBMITTED TO PATTY GEISSLER UNIT 5075**

NOTE: A revised form will be needed if there is any change of course times on the reimbursement/waiver application.