

Flexible Work Schedule Agreement Form

This form is to be discussed, completed and approved by the employee and the employee's supervisor prior to beginning a temporary flexible work schedule.

Please print and complete this form.

Once you and your supervisor have agreed to the terms of your flexible work schedule, sign the form and obtain supervisor's signature. Send a copy of the signed form to the Office of Faculty & Staff Labor Relations, via e-mail at laborrelations@uconn.edu or interoffice mail at Unit 5075.

*** = Required Field**

Employee Initiating Request:*

Name of Employee's Supervisor:*

Supervisors e-Mail address:*

Reason for Request: *

TERMS & CONDITIONS:

Should you have any questions regarding these terms & conditions, please discuss them with your supervisor prior to submitting this form.

1. I understand that my work hours will conform to the schedule outlined below. If unforeseen changes to this schedule arise, I will obtain approval from my supervisor prior to making changes to my work schedule. I will also amend this agreement to reflect these changes.
2. I understand that I am expected to continue to perform the full range of duties assigned and required of my position, including attending regularly scheduled and/or unscheduled meetings as necessary. I understand that flexible schedule days may need to be adjusted in order to accommodate certain meeting requests and/or other work responsibilities at the office.

I acknowledge, understand and will abide by these terms.*

PROPOSED FLEXIBLE WORK SCHEDULE:

Term: Effective Start Date: * Effective End Date: *

Work Week Schedule:

Monday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>

ACKNOWLEDGEMENT

I understand and agree that:

Via submission of this form (or signature on paper form), I agree this flexible schedule is strictly voluntary and may end without cause, by myself or the University. The University reserves the right to modify this arrangement at any time in order to ensure the responsibilities of the department are met.

Employee Digital Signature

Date

Supervisor Digital Signature

Date