

## UCPEA Member's Request for Temporary Flexible Schedule

**SECTION I: (To be completed by employee)**

Employee \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

DATES REQUESTED (indicate semester and dates):

SEMESTER: FALL \_\_\_\_\_ INTERSESSION \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**PROPOSED WORK SCHEDULE FOR ABOVE DATES**

Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**SECTION II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

(Under Article 16.1, denials shall be given to employees within twenty work days of the written request. Any denial of a request for flexible schedule shall be accompanied by a reason for the denial.)

Signature

Date

Approve/Disapprove

Immediate Supervisor's Signature \_\_\_\_\_

(Print name and title) \_\_\_\_\_

**SECTION III: FIRST LEVEL SUPERVISOR OUTSIDE OF UCPEA (if different from immediate supervisor)**

Do you approve of the work schedule arrangements above: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ (please explain below)

Signature

Date

Supervisor's Signature \_\_\_\_\_

(Print name and title) \_\_\_\_\_

**SECTION IV: TO BE COMPLETED BY HUMAN RESOURCES/LABOR RELATIONS, U-5075**

Signature

Date

Approve/Disapprove

Dept. of Human Resources \_\_\_\_\_

**SECTION V: COPY SENT TO UCPEA OFFICE**

Received: \_\_\_\_\_

Date: \_\_\_\_\_