

Flextime Request Form

It is understood that prior approval for a flextime work schedule is required, including any subsequent changes to a previously approved flextime schedule. Approval is the sole discretion of the supervisor and, if approved, may be modified or discontinued at any time. The employee may also request to discontinue an approved flextime schedule at any time.

Employee Name: _____ Date: _____

Department: _____ Position: _____

Date of Hire: _____

Description of Flextime Arrangement:

Current Work Hours: _____

Requested Work Hours: _____

Effective Date: _____

End Date: _____

Reason for Request:

I have read and understand Northwest University's Flextime Policy. If this flextime arrangement is suspended or cancelled, I will return to a standard work schedule.

Signature of Employee: _____ Date: _____

Official Action on Request: Approved Disapproved *(If disapproved, provide a reason)*

Reason of Disapproval *(if applicable)*

Supervisor's Signature: _____ Date: _____

HR Representative: _____ Date: _____