The University of Georgia

Human Resources

Flextime Request for Classified Staff

Date of request

Department name: _____ Supervisor phone: _____

Supervisor name: _____ Supervisor email: _____

Department address: _____

Describe how the flextime schedule will help meet the needs of the work unit and benefit the University of Georgia:

The employee(s) will work the following hours during the work week:

(The work week must be 40 hours of work time (no more or less) and must include scheduled unpaid lunch breaks.)

The schedule at left will begin:

Month	Day	Year

	Arrive	**Depart**
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____

The schedule at left will end:

☐ When changed by the unit

OR

☐ On the date below

Month	Day	Year

Names of employees participating in this flextime arrangement:

Signatures of employees participating in this flextime arrangement:

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

Include any other comments or stipulations related to this flextime arrangement:

I approve the request as described above.

_____

Supervisor   Date

_____

Department Head/Director   Date

_____

Dean   Date

Revised August 2, 2016