



FLEXIBLE WORK SCHEDULE PROPOSAL

Employee Name:	Supervisor Name:
Job Title:	Date Submitted:
Department:	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
UHA ID:	Hours/Week: <input type="checkbox"/> 35 hours <input type="checkbox"/> 40 hours

PART I: FLEXIBLE WORK SCHEDULE REQUESTED

- Variable starting and ending times
 - Split work days
 - Variable work schedule for fixed duration
 - Compressed work week
 - Continuation of current Flexible Work Schedule (*skip to Part III*)
- Duration of Proposal: _____
(2-month minimum to a 6-month maximum)
- Start Date: _____
- End Date: _____

PART II: CURRENT AND PROPOSED SCHEDULES

Current Schedule		Proposed Flexible Work Schedule		
Days	Start & Stop times <i>(including a minimum ½ hour unpaid meal break)</i>	Days	Start & Stop times <i>(including a minimum ½ hour unpaid meal break)</i>	
			1 st week	2 nd week
Monday		Monday		
Tuesday		Tuesday		
Wednesday		Wednesday		
Thursday		Thursday		
Friday		Friday		
Saturday		Saturday		
Sunday		Sunday		
Total Hours:		Total Hours:		

Please indicate the duration of your proposed unpaid meal break: 30 minutes 1 hour

PART III: WORK ISSUES TO BE CONSIDERED

How will this proposed flexible work schedule sustain or enhance my ability to get my job done?

What potential barriers could occur with the following:

- External customers? _____
- Internal customers? _____
- Co-Workers? _____
- Others? _____

How do I suggest addressing these potential barriers? _____

PART IV: EMPLOYEE SIGNATURE

I have read and understand the flexible work schedule policy and agree to the terms and conditions set forth in that policy. I understand that it is my responsibility to make my flexible work schedule a success and that my supervisor and/or the University of Hartford has the right to discontinue my flexible work schedule at any time by providing a minimum of a two-week notice.

Employee Signature

Date

PART V: SUPERVISOR AUTHORIZATION

I have reviewed this flexible work schedule proposal with the employee.

This proposal is ___ Approved ___ Denied

If the proposal is denied, identify the business reasons that support the denial and return the proposal to the employee:

Note to Supervisor: Do not forward a denied proposal to HRD.

Supervisor Signature

Extension

Date

PART VI: HRD AUTHORIZATION AND VERIFICATION

Current performance appraisal on file? YES
 NO

Progressive discipline letters? YES
 NO

Exempt or non-exempt position status verified

35 or 40 hour work week verified
Note: Non-exempt schedule cannot exceed 40 hours in one week

Flexible work schedule log updated

Emailed Supervisor _____ (date)

- Personnel File
- Copy to Supervisor

The performance and attendance records have been reviewed and supervisor authorization confirmed.

Authorized HRD Representative

Date