



FLEXIBLE WORK SCHEDULE PROPOSAL

Employee Name	Supervisors Name:
Job Title	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
Department	Date Submitted
UHA ID:	Hours: <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/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 if you are taking 30 minute or 1 hour unpaid meal breaks by checking one of the following:
 30 Minute Meal 1 Hour Meal

PART III: WORK ISSUES TO BE CONSIDERED

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

What potential barriers could occur with the following:
 External customers? _____
 Internal customers? _____
 Co-Workers? _____
 Others? _____

How do you suggest addressing the above barriers?

Describe how your performance will be measured under this flexible work schedule.

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 this schedule at any time providing a two-week notice is given.

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 VERIFICATION

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

Authorized HRD Representative

Date