

Employee Name: _____

Empl.ID: _____

Job Title: _____

Department: _____

Effective Start Date: _____
(must be effective the first day of a future payroll period)

Effective End Date: _____
(if applicable)

This form is used by benefits-eligible employees to request a flexible work schedule which permits exceptions to the normal hours of operation. Additional information or comments may be attached to this form where related to the terms of this flexible work schedule.

Week One				
	Start Time	End Time	Lunch Time	Daily Hours
Example	8:00am	5:30pm	30 min.	9
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
TOTAL HOURS*				

Week Two (if different from Week 1)				
	Start Time	End Time	Lunch Time	Daily Hours
Example	7:30am	4:00pm	30 min.	8
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
TOTAL HOURS*				

***Exempt employees:** Your work week is Monday through Sunday. Please fill out schedule accordingly.

For Employees

I understand the following:

- My request, if approved, may be modified or discontinued at the discretion of management at any time.
- If approved, this form is only for the hours listed above. Any change to the schedule will require a new form.
- I must use appropriate leave in correlation with my approved flex schedule for any hours I do not work. (Example: If the flexible work schedule includes a 9-hour work day, then any paid leave for that day would be taken as nine (9) hours of leave).
- UHCL holidays will grant eight (8) of paid leave. Hours scheduled past eight (8) will require a leave request.
- I have read and understand my [TRAM Employee Responsibilities](#)
- I have read and understand my responsibilities in accordance with [MAP 02.A.20: Hours of Work](#)

Employee Signature

Date

For Supervisors

I understand the following:

- I will ensure proper departmental staffing that supports university operational hours of Monday through Friday, 8am-5pm prior to approving flex schedules.
- I reserve the right to modify or discontinue this schedule at any time based on department needs.
- I have read and understand my responsibilities in accordance with [MAP 02.A.20: Hours of Work](#).

ACTION ITEMS:

- I am responsible for updating the employee's schedule in TRAM to reflect the information above **prior** to submitting this form to Human Resources (refer to: Managing/Changing Schedules in the [TRAM Manager's Guide](#)).
- I am responsible for updating the employee's schedule in TRAM when the flexible work schedule period ends.

Approvals:

Supervisor Signature

Date

Next level Supervisor/Department Head

Date

Human Resources

Date

For HR use only
TRAM schedule updated
by Supervisor ☐ Yes