

## UCPEA Member's Request for Temporary Flexible Schedule

**SECTION I: (To be completed by employee)**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

DATES REQUESTED (indicate semester and dates):

SEMESTER:      FALL                      INTERSESSION                      SPRING                      SUMMER

DATES: FROM                      TO

PROPOSED WORK SCHEDULE FOR ABOVE DATES:

Monday                      to                      Lunch                      1/2 hour                      1 hour

Tuesday                      to                      Lunch                      1/2 hour                      1 hour

Wednesday                      to                      Lunch                      1/2 hour                      1 hour

Thursday                      to                      Lunch                      1/2 hour                      1 hour

Friday                      to                      Lunch                      1/2 hour                      1 hour

Please check if on Approved Voluntary Schedule Reduction Program

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SECTION II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

(Under Article 16.1, denials shall be given to employees within twenty work days of the written request. Any denial of a request for flexible schedule shall be accompanied by a reason for the denial.)

Immediate Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approve/Disapprove

(Print name and title) \_\_\_\_\_

**SECTION III: FIRST LEVEL SUPERVISOR OUTSIDE OF UCPEA (if different from immediate supervisor)**

Do you approve of the work schedule arrangements above:      yes                      no                      (please explain below)

Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approve/Disapprove

(Print name and title) \_\_\_\_\_

**SECTION IV: TO BE COMPLETED BY HUMAN RESOURCES/LABOR RELATIONS, U-5075**

Dept. of Human Resources \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approve/Disapprove

**SECTION V: COPY SENT TO UCPEA OFFICE**

Received: \_\_\_\_\_ Date \_\_\_\_\_