Chancellor’s Office
Irregular or Flexible Work Schedule Request

I, ________________________________,  ________________________________,
(Name)  (Division)

hereby request authorization to work an/a _____ irregular* _____ flexible** work schedule, with work
hours scheduled as follows:

<table>
<thead>
<tr>
<th>Day</th>
<th>From</th>
<th>To</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
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<tr>
<td>Tuesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
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</tbody>
</table>

Total Hours ______

☐ Permanent change, effective ____________.
☐ Temporary change, for the period ____________ through ____________.

OVERTIME: While I am assigned to work the irregular work week schedule specified on this form, I
understand that time worked within my regularly scheduled shift will not be considered
time worked.

HOLIDAYS: During weeks in which legal holidays occur, I understand that I will return to a work
week schedule consisting of five 8-hour days.

Work Schedule Definitions:

*  Irregular: a 40-hour per week schedule, other than five 8-hour day with set starting and stopping
times.

** Flexible: a 40-hour per week schedule which varies the number of hours worked on a daily basis,
but not necessarily each day OR a 40-hour per week schedule in which starting and
stopping times vary on a daily basis, but not necessarily each day.

Requested by: ___________________________________________  __________________________
Employee’s Signature  Date

Approved by: ___________________________________________  __________________________
Supervisor’s Signature  Date

Revised 10/10/03