



Change of Work Hours Request

Summer 2015 Flexible Work Hours

TO: _____
Immediate Supervisor

FROM: _____
Employee

DATE: _____

Per the memo from the Chief Human Resources Officer dated May 4, 2015, I would like to request flexible work hours and change my work schedule for the specified period of time indicated below.

If approved, my work schedule would be:

Work Days: _____

Work Hours: _____

All schedules begin Sunday, May 31st and end on Saturday, August 22nd, 2015

I understand that if I am a non-exempt (hourly) employee the hours I work in excess of eight (8) hours each day will be paid at my "regular" pay rate not at an "overtime" pay rate. However, any approved hours I may work in excess of forty (40) hours each work week will be paid at the overtime pay rate.

The signatures below indicates our agreement to change my work schedule with the full understanding that should business conditions change during this time I may be required to revert to my normal schedule with or without advance notice.

Employee/Date

Supervisor/Date

☐ **Approved**

☐ **Not Approved**

Vice President/Date

cc: Personnel File

Human Resources review:

Initials

Date