Flextime Request Form

[Company Name] strives to accommodate employee personal obligations while meeting organizational objectives. To this end, employees wishing to request alternate work schedules should complete this form, and then submit to their supervisor for management approval.

Name: Date:

Position: Department:

I am requesting the following work schedule:

Monday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

Tuesday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

Wednesday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

Thursday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

Friday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

Saturday: \_\_\_\_\_a.m. to \_\_\_\_\_ p.m.

*I have read and understand the Flextime Policy and wish to participate according to the policy's terms.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employee Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor Signature Date*

***To be completed by the employee’s supervisor:***

**For Supervisor Use Only:**

Approved Requested Schedule:

Yes \_\_\_\_\_ No

Recommend alternative schedule: a.m. to p.m.

Request denied Yes \_\_\_\_\_ No

If request was denied, please provide the reason for denial:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor Signature Date*