



The University of Georgia

Human Resources

### Flextime Request for Classified Staff

Date of request

Department name: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor email: \_\_\_\_\_

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

Describe how the flextime schedule will help meet the needs of the work unit and benefit the University of Georgia:

**The employee(s) will work the following hours during the work week:**

(The work week must be 40 hours of work time (no more or less) and must include scheduled unpaid lunch breaks.)

	<b>Arrive</b>	<b>Depart</b>
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____

**The schedule at left will begin:**

Month	Day	Year

**The schedule at left will end:**

When changed by the unit

OR

On the date below

Month	Day	Year

Names of employees participating in this flextime arrangement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Signatures of employees participating in this flextime arrangement:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Include any other comments or stipulations related to this flextime arrangement:

Designated approver signature

Date signed

This signed form should be submitted to Human Resources for approval.  
Fax: 706-542-3284

HR approves this request

HR does not approve this request

\_\_\_\_\_ Date

HR representative name

Initials