



## Bi-Weekly (hourly) Employee Flexible Work Schedule Request

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact [hrcompbenefits@tamu.edu](mailto:hrcompbenefits@tamu.edu) or (979) 862-1718.

**INSTRUCTIONS** This form is used by non-exempt employees to request a flexible work schedule which permits exceptions to the normal hours of operation. Flexible work schedule agreements are subject to the conditions outlined in System Policy 33.06, System Regulation 33.06.01, University Rule 33.06.01.M1, and University SAP 33.06.01M1.01. Additional information or comments may be attached to this form where related to the terms of this flexible work schedule.

Employee Name (printed)	Employee Title
Department	Effective Starting Date*

Week One				
	Begin Time	End Time	Lunch Time	Daily Hours
Thur				
Fri				
Sat				
Sun				
Mon				
Tue				
Wed				
<b>Total Hours</b>				

Week Two (if different from Week One)				
	Begin Time	End Time	Lunch Time	Daily Hours
Thur				
Fri				
Sat				
Sun				
Mon				
Tue				
Wed				
<b>Total Hours</b>				

I, the undersigned employee, understand the following:

- Flexible work schedules are intended to last at least two consecutive months; however, my request, if approved, may be modified, continued or discontinued at the discretion of management at any time.
- I must use paid and/or unpaid leave, including eligible holiday leave, in correlation with my approved flex schedule for any hours I do not work. (Example: If the flexible work schedule includes a 9-hour work day, then any paid leave for that day would be taken as 9 hours of paid leave).

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

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Department Head Name

\_\_\_\_\_  
Director/Department Head Signature

\_\_\_\_\_  
Date

\* System Policy stipulates a minimum timeframe of two months for flexible work schedules.

<p><b>Distribution:</b> Original to Personnel File Copy to Employee Copy to Supervisor Copy to Department Leave/Traq Administrator (if applicable)</p>	<p><b>NEED HELP?</b> Benefits Services <a href="mailto:hrcompbenefits@tamu.edu">hrcompbenefits@tamu.edu</a> (979)862-1718</p>
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