

**EASTERN ILLINOIS UNIVERSITY
DEPARTMENT OF HUMAN RESOURCES
FLEXIBLE WORK SCHEDULE**

This form should be completed by the employee and approved by the employee's supervisor.
Please return completed form to the Benefits Services Office, 2031 Old Main.

Employee Name: _____ Dept.: _____

E-Number: _____

The flexible schedule is requested for the following:

- ☐ **Personal Convenience** Effective Dates: _____ to _____
- ☐ **Course—Completed Tuition Waiver Must Also Be Attached**
- ☐ **Other (explain)** _____

Must be completed if requested for Course:

Semester: _____ Year: 20____

Course ID _____, Section _____, Title of Course: _____

Course meets from: _____ o'clock to _____ o'clock on the following days: _____

_____ Credit Hours: _____

Flexible Work Schedule

	<u>MORNING</u>	<u>LUNCH</u>	<u>AFTERNOON</u>	<u>TOTAL HOURS WORKED DAILY</u>
Monday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Tuesday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Wednesday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Thursday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Friday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Saturday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
Sunday	From:_____ To:_____	From:_____ To:_____	From:_____ To:_____	_____
TOTAL HOURS WORKED WEEKLY*				_____

*Total hours worked weekly must not exceed regularly scheduled weekly hours.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Human Resources Director: _____
Or Designee

Date: _____

Please return to Benefit Services, Room 2031 Old Main