

**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: _____	_____
<b>TOTAL HOURS WORKED WEEKLY*</b>				_____

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Or Designee

**Please return to Benefit Services, Room 2031 Old Main**