

# **Request for Flexible Work Schedule Request**

(if requesting Telework, submit Telework Arrangement request via Cherwell)

## **Employee Information**

Employee Name	Department/CSD	
Employee ID	Position Title	
Employee Work Phone	Supervisor Name	

### Flexible Work Schedule Arrangement Being Requested

Flex Start/End Time
Mealtime flex
Seasonal Adjustment

#### **Proposed Schedule**

	Work Schedule	Work Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
	Total Hours	

## **Additional Information About Request**

Please provide additional information about your request that you think would be necessary for your supervisor to know when reviewing. (Could include reason for request, dates, etc.)