

HOURS OF WORK REQUEST

(NEWFlex – NRO Employee Work Schedule Flexibilities Pilot)

EMPLOYEE - TYPED OR PRINTED NAME	SIGNATURE	DATE
----------------------------------	-----------	------

TITLE	GRADE	SERIES	ORGANIZATION	<input type="checkbox"/> a. BARGAINING UNIT EMPLOYEE <input type="checkbox"/> b. NONBARGAINING UNIT EMPLOYEE
-------	-------	--------	--------------	---

I REQUEST THE FOLLOWING WORK HOURS: *(Check and complete applicable items)*

1. DATES SCHEDULE REQUESTED TO COVER

	PAY PERIOD START	PAY PERIOD END	
--	------------------	----------------	--

2. TYPE OF REQUEST NEW ENROLLMENT DAYS/HOURS OF WORK ONLY

3. FLEXIBLE WORK SCHEDULE (FWS)
(Days can begin as early as 5:00 a.m. and end as late as 11:00 p.m.)
SPECIFY THE DAYS AND HOURS FOR EACH WORKDAY →

	FIRST WEEK	SECOND WEEK	
	<input type="checkbox"/> MONDAY Work schedule clock hours:	<input type="checkbox"/> MONDAY Work schedule clock hours:	
	: to :	: to :	
	: to :	: to :	
	: to :	: to :	
	DAILY TOTAL HOURS	DAILY TOTAL HOURS	
	<input type="checkbox"/> TUESDAY Work schedule clock hours:	<input type="checkbox"/> TUESDAY Work schedule clock hours:	
	: to :	: to :	
	: to :	: to :	
	: to :	: to :	
	DAILY TOTAL HOURS	DAILY TOTAL HOURS	
<input type="checkbox"/> WEDNESDAY Work schedule clock hours:	<input type="checkbox"/> WEDNESDAY Work schedule clock hours:		
: to :	: to :		
: to :	: to :		
: to :	: to :		
DAILY TOTAL HOURS	DAILY TOTAL HOURS		
<input type="checkbox"/> THURSDAY Work schedule clock hours:	<input type="checkbox"/> THURSDAY Work schedule clock hours:		
: to :	: to :		
: to :	: to :		
: to :	: to :		
DAILY TOTAL HOURS	DAILY TOTAL HOURS		
<input type="checkbox"/> FRIDAY Work schedule clock hours:	<input type="checkbox"/> FRIDAY Work schedule clock hours:		
: to :	: to :		
: to :	: to :		
: to :	: to :		
DAILY TOTAL HOURS	DAILY TOTAL HOURS		
WEEK 1 TOTAL HOURS	WEEK 2 TOTAL HOURS		

ACTION BY SUPERVISOR

<p>1. APPROVED AS</p> <input type="checkbox"/> a. REQUESTED <input type="checkbox"/> b. MODIFIED (Below)	<p>2. DISAPPROVED DUE TO</p> <input type="checkbox"/> a. OFFICE COVERAGE <input type="checkbox"/> d. OTHER (Specify below) <input type="checkbox"/> b. TRAINING <input type="checkbox"/> c. PARTICIPATION IN COLLABORATIVE PROJECTS
--	--

4. REMARKS

5. SUPERVISOR - TYPED OR PRINTED NAME	SIGNATURE	DATE
---------------------------------------	-----------	------