



UNIVERSITY
of ALASKA
Many Traditions One Alaska

Change of Work Hours Request

Summer 2016 Flexible Work Hours

TO: _____
Immediate Supervisor

DATE: _____

FROM: _____
Employee

Per the memo from the Chief Human Resources Officer dated April 26, 2016, I would like to request flexible work hours and change my work schedule for the specified period of time indicated below.

If approved, my work schedule would be:

Work Days: _____

Work Hours: _____

All schedules begin Sunday, May 29th and end on Saturday, August 20th, 2016

I understand that if I am a non-exempt (hourly) employee the hours I work in excess of eight (8) hours each day will be paid at my "regular" pay rate not at an "overtime" pay rate. However, any approved hours I may work in excess of forty (40) hours each work week will be paid at the overtime pay rate.

The signatures below indicates our agreement to change my work schedule with the full understanding that should business conditions change during this time I may be required to revert to my normal schedule with or without advance notice.

Employee/Date

Supervisor/Date

Approved

Not Approved

Vice President/Date

Human Resources review:	
_____	_____
Initials	Date

SUBMIT COMPLETED FORM TO STATEWIDE HR

cc: Personnel File