

Flexible Work Schedule Proposal Form

Employee Name: _____ MVNU ID #: _____

Department: _____ Supervisor: _____

PROPOSED FLEXIBLE WORK SCHEDULE

Why are you submitting a proposal for a flexible work schedule? How will your proposed schedule sustain or enhance your ability to get your job done? Consider the impact of your flexible work schedule on clients, coworkers, managers, direct reports, and your department or office. Attach an additional sheet if needed.

*A 30 minute lunch must exist in any proposal, lunches cannot be eliminated.
 All employees are required to continue working a total of 37.5 hours each week.*

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					
Length of Lunch					
Total Hours for Day					

Total Hours Worked Weekly in the Proposed Schedule: _____

This request is for an ongoing Flexible Work Schedule beginning on: Start date: ___/___/___

This request is for a Flexible Work Schedule for a period of time.

Start date: ___/___/___ End date: ___/___/___

I have read the complete MVNU Flexible Work Schedule Benefit. I understand MVNU is not obligated to approve my proposal for a flexible work schedule. The decision is at the discretion of my supervisor, Director, and Human Resources. If approved, this arrangement is subject to ongoing review and may be terminated at any time (with a two week notice) based on performance concerns or business needs.

Employee Signature: _____ Date: _____

Supervisor's comments about the employee's proposed schedule (attach additional sheets if needed):

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

Proposal Approved Proposal Denied