

FLEXTIME REQUEST/AUTHORIZATION FORM

This form is to be used by employees who are either requesting a flexible schedule or will be working a flexible schedule at their department's request. Approved flextime schedules must be forwarded to the Payroll Office.

Department _____ Division _____

Name _____

Supervisor _____

Number of hours you are currently scheduled to work per week _____ Effective date _____

INSTRUCTIONS

1. Fill in all the spaces above, including the date you wish to or will begin a flextime schedule.
2. In the box below, indicate your requested/required starting and quitting times for each workday, including lunch breaks. (Coffee breaks and rest periods are determined by your supervisor and need not be indicated on this form).
3. In the last column, indicate the total number of working hours for each day and the total number of working hours for the week. For full-time staff members, the daily totals must equal 8 hours if employed at the Westchester campus and 7 hours if employed at the Law School.¹ The weekly total must equal 40 hours if employed at the Westchester campus and 35 hours if employed at the Law School.
4. Sign and date this form and submit it to your supervisor. If this is a request for a flexible schedule, your supervisor will review your request with you.

Day of the Week	Start Workday	Start Lunch	End Lunch	End Workday	Total Daily Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Weekly Hours					

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

(It is the supervisor's responsibility to maintain copies of approved flextime requests).

¹ Members of the Service Staff at the Law School work an 8 hour day and a 40 hour week.