

Drake University
Request for Flex Time or Summer Hours

This form should be completed and returned to Human Resources prior to the start of the flex time or summer hours schedule.

Name: _____ Department: _____

Length of Current Service: From _____ to _____

Request Submitted To: _____

1. Describe your proposed Flex Time/Summer Hours schedule.

(Provide specific dates and times. Remember the same number of hours must be worked under the requested schedule as the employee's current schedule.)

2. How will the office and your duties be covered?

Employee Signature

Date of Request

Manager's Review - The manager will determine whether a request for Flex Time/Summer Hours meets university and department needs. See the Staff Handbook for things to consider when granting or denying a request for Flex Time/Summer Hours.

_____	The request for flex time/summer hours approved as proposed.
_____	The request for flex time/summer hours is approved with the following modifications: _____ _____ _____

Department Manager

Date

Submit original completed form to Human Resources