



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

University of Texas Health Science Center at Houston
Appendix A: Flextime Proposal

Date of Request: _____ EMPLID _____
Employee's Name: _____ Title: _____
Supervisor's Name: _____ Department: _____

I, _____, am requesting a flextime work schedule for my
(Name)
job as _____ beginning on _____.
(Job Title) (Date)

Potential impact of working a flextime schedule on my department may include the following: (impact on operations/workflow, potential advantages, potential disadvantages):

The flextime schedule I am requesting is:

Monday: _____ Thursday: _____
Tuesday: _____ Friday: _____
Wednesday: _____ Weekend, if applicable: _____

I understand that all other aspects of my job, including my supervision, performance expectations and annual evaluation, salary, benefits, overtime/vacation requests, all remain the same as if I were working a traditional schedule of 8:00am – 5:00pm.

I understand that this agreement is granted solely at the discretion of my supervisor and may be terminated at any time by him/her based on the overall need/good of the department.

I have read the University's Flextime Guidelines and agree to those requirements.

Employee Date: _____