



Flexible Work Schedule Request for Monthly (Exempt) Employees

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact hrcomp@tamu.edu or (979) 845-4170.

INSTRUCTIONS This form is used by exempt budgeted employees to request a flexible work schedule which permits exceptions to the normal hours of operation. Flexible work schedule agreements are subject to the conditions outlined in [System Policy 33.06](#), [System Regulation 33.06.01](#). Additional information or comments may be attached to this form where related to the terms of this flexible work schedule.

Employee Name	Employee Title
Department	Effective Starting Date*

* System Policy stipulates a minimum timeframe of two months for flexible work schedules.

** Exempt employees may work a flexible 80-hour schedule within any consecutive two-week period under this agreement.

Week One					Week Two (if different from Week One)				
	Begin Time	End Time	Lunch Time	Daily Hours		Begin Time	End Time	Lunch Time	Daily Hours
SUN					SUN				
MON					MON				
TUE					TUE				
WED					WED				
THU					THU				
FRI					FRI				
SAT					SAT				
Total Hours					Total Hours				

I, the undersigned employee, understand the following:

- Flexible work schedules are intended to last at least two consecutive months; however, my approved flexible schedule arrangement may be modified, continued, or discontinued at the discretion of management at any time.
- I must use paid and/or unpaid leave, including eligible holiday leave, in correlation with my approved flex schedule for any hours I do not work. (Example: If the flexible work schedule includes a 9-hour work day, then any paid leave for that day would be taken as 9 hours of paid leave). A flexible work schedule does not limit the hours that I (an exempt employee) must work to complete job requirements.

Employee Signature

Date

APPROVED:

Supervisor Name

Supervisor Signature

Date

Department Head Name

Department Head Signature

Date

Distribution:

Original to Personnel File
Copy to Employee
Copy to Supervisor
Copy to Department HR Contact/Absence Partner

NEED HELP?

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