



**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 [hr@wtamu.edu](mailto:hr@wtamu.edu) or (806) 651-2114.

**INSTRUCTIONS** This form is used by non-exempt and exempt employees to request a flexible or compressed work schedule which permits exceptions to the normal hours of operation. Flexible or compressed work schedule agreements are subject to the conditions outlined in [System Policy 33.06](#), [System Regulation 33.06.01](#), and [Standard Administrative Procedure 33.06.01.W1.01](#). Additional information or comments may be attached to this form where related to the terms of this flexible or compressed work schedule.

Employee Name	Employee Title
Department	Effective Starting Date*

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				
				<b>Total Hours</b>					<b>Total Hours</b>

I, the undersigned employee, understand the following:

- Flexible or compressed work schedules are intended to last at least three consecutive months; however, my approved flexible or compressed schedule arrangement may at any time be modified, continued, or discontinued at the discretion of management.
- A full-time, nonexempt employee must maintain a 40-hour workweek; ensuring time worked is documented to comply with the Fair Labor Standards Act (FLSA). An employee who is exempt under the Fair Labor Standards Act must maintain a 40-hour workweek.
- A flexible work schedule does not limit the hours that an exempt employee (monthly) must work to complete job requirements.
- Non-exempt (hourly) employees must record total hours worked each day and document exceptions to the normal work day (such as approved overtime, vacation, or other absences).
- All employees must use paid and/or unpaid leave, including eligible holiday leave, in correlation with my approved flex or compressed schedule for any hours not worked. (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).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**APPROVALS:**

<b>Completed by the Manager/Supervisor and Department Head:</b>					
Initial request approval		Approved		Denied	
90-day trial period	From		To		
Manager/Supervisor signature			Date		
Department Head signature			Date		
Vice President signature			Date		
Post-trial review		Continue		Modify – An updated Request Form is required.	Terminate
Manager/ Supervisor’s signature					
Department Head Signature					

**Distribution:**

Original to Human Resources/Payroll Services  
Retain Copy for Manager/Supervisor  
Provide Copy to Employee

WTAMU Human Resources/Payroll Services  
806.651.2114 or [hr@wtamu.edu](mailto:hr@wtamu.edu)  
Old Main Room 308