

Flexible Work Schedule Request for Administrative Professional and Civil Service Appointments

Flexible Work Schedules are designed to support a strategy that maximizes productivity and performance and sustains the recruitment and retention of a highly qualified workforce by enhancing work/life balance while promoting administrative efficiencies. Illinois State University supports the use of these arrangements within the bounds of good public practice and incorporated into the continuity of operations for each organizational unit/department as outlined in [Policy 3.6.25 and 3.4.12](#) - Flexible Work Schedules for Administrative Professional and Civil Service Appointments.

Employee _____ UID _____

Employee Title _____ Employee Dept. _____

Administrative Professional or Civil Service (for routing purposes only) _____

Effective Date/Begin Date of flexible schedule: _____*

*Start Date of agreement must be a Monday in accordance with ISU's Monday - Sunday work week.

For more information on Flexible Scheduling, including time reporting and management of these schedules, visit hr.illinoisstate.edu/managers/hourly/

Agreement

Approval of this flexible work schedule in no way changes the terms and conditions of employment with Illinois State University and may be amended at any time by the University.

The approval of this request is not a guarantee of employment and can be terminated or rescinded at any time by either the University or the employee. Though these types of arrangements can often be temporary in nature, the termination/rescission of this approval will occur only after the employee, department and HR are notified in writing. The University will not be held responsible for costs, damages or losses to the employee resulting from termination of the approval.

A copy of this will be provided to the employee and, if approved, placed in the employee's personnel file.

By signing, I confirm that I have read, understood, and agree to the terms and conditions of this addendum and the policies included in the original documented agreement.

Employee Signature

Date

Supervisor Signature

Date

Supervisor Name Printed

Upon Approval, to be submitted to Human Resources at hr@ilstu.edu for processing.