**FLEXTIME APPROVAL FORM**

**System Administration Human Resources**

This arrangement is effective [DATE] through [DATE] unless terminated earlier. [EMPLOYEE NAME] understands and agrees to the conditions in this Flextime Approval Form.

Employee Name:

Employee ID:

Department:

Title:

**Description of Flextime Arrangement:**

|  |  |
| --- | --- |
| Hour of Arrival:  |       |
| Hour of Departure:  |       |
| Beginning Date for Flextime:  |       |

***Employee understands and agrees that s/he has no right to continue a flexible schedule, and the university, at its discretion, may alter or terminate the agreement at any time.***

Agreed to by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[EMPLOYEE NAME] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[SUPERVISOR NAME] Date

C: Tracy Hooker, Director of Human Resources

Employee

Supervisor

**Please submit to systemhr@cu.edu.**