

**J.F. Ingram State Technical College
Request for Temporary Flex Schedule**

Employee Name: _____

Date of Request: _____

Due to a hardship/personal situation, I am requesting permission to participate in the temporary flex schedule for the following term

Fall
Spring
Summer

I choose the following flex schedule:

Schedule A - 6:30 a.m. to 2:30 p.m.
Schedule B - 7:30 a.m. to 3:30 p.m.

If my request is approved, I understand that I will not be allowed to change my schedule again until the beginning of the following semester. I also understand that I will be required to submit a leave form and receive approval for time that does not fit into the schedule I selected.

Employee signature: _____

Approved ()
Disapproved ()

Approved ()
Disapproved ()

Supervisor

Annette Funderburk

Title

President
Title

Date

Date