

*Jackson State University
1400 J. R. Lynch Street
Jackson, MS 39217*

FLEXTIME WORK ARRANGEMENT APPLICATION

Date: _____

Name: _____

J-Number: _____

Job Title: _____

Department: _____

Proposed Work Schedule for Flexitime Arrangement:

Monday Tuesday Wednesday Thursday Friday

Hours: _____

This flexitime arrangement will commence on _____ and end on _____.

I have developed and submitted to my supervisor a career development plan.

I have read, understand, and agree to comply with Jackson State University's policies for alternative work arrangements. I further understand that this agreement does not create a contract for employment and does not otherwise change the term and conditions of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Revised: May 4, 2009