

**TENNESSEE TECHNOLOGICAL UNIVERSITY
FLEX TIME SCHEDULE**

NAME _____ Banner ID T _____

DEPARTMENT _____

I wish to work the following flexible schedule (check one):

- _____ 7:00 a.m. – 3:30 p.m.
- _____ 7:30 a.m. – 4:00 p.m.
- _____ 8:00 a.m. – 4:30 p.m.
- _____ 8:30 a.m. – 5:00 p.m.
- _____ 9:00 a.m. – 5:30 p.m.

Effective Date(s): _____

I understand a one (1) hour lunch break is **required** in each of these schedules.

Employee's Signature

Date

Supervisor's Signature

Date

Chairperson/Director's Signature

Date

Academic or Administrative Officer's Signature

Date

FORWARD TO HUMAN RESOURCE SERVICES, BOX 5132