

Application for Participation

Employee Information	
Name	
Employee ID	
Faculty/ Department	
MaPS Position/ Title	
Anniversary Date	
Vacation Bank (anticipated on January 1 2021)	
Email	
Phone	
Schedule Request	

**Note:** Schedules are effective January 1 - June 30

Employee Signature _____	DATE
<p><b>Manager Approval</b></p> <p>I approve participation in this flexible work arrangement. By providing this authorization I am confirming, that if applicable, there is a plan for this employee to use any vacation in excess of 1 years' entitlement.</p> <p>Manager Name _____</p> <p>Manager Signature _____</p>	DATE

Submit completed applications to [hrops@ucalgary.ca](mailto:hrops@ucalgary.ca) by **December 4, 2020**.



**SCHEDULE A**

Mon.	Tues.	Wed.	Thurs.	Fri. OFF
Mon.	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE C**

Mon.	Tues.	Wed.	Thurs.	Fri.
Mon.	Tues.	Wed.	Thurs.	Fri. OFF

**SCHEDULE B**

Mon. OFF	Tues.	Wed.	Thurs.	Fri.
Mon.	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE D**

Mon.	Tues.	Wed.	Thurs.	Fri.
Mon. OFF	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE E**

Mon.	Tues. OFF	Wed.	Thurs.	Fri.
Mon.	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE F**

Mon.	Tues.	Wed.	Thurs.	Fri.
Mon.	Tues. OFF	Wed.	Thurs.	Fri.

**SCHEDULE G**

Mon.	Tues.	Wed. OFF	Thurs.	Fri.
Mon.	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE H**

Mon.	Tues.	Wed.	Thurs.	Fri.
Mon.	Tues.	Wed. OFF	Thurs.	Fri.

**SCHEDULE I**

Mon.	Tues.	Wed.	Thurs. OFF	Fri.
Mon.	Tues.	Wed.	Thurs.	Fri.

**SCHEDULE J**

Mon.	Tues.	Wed.	Thurs.	Fri.
Mon.	Tues.	Wed.	Thurs. OFF	Fri.