

Application for Participation

Employee Information	
Name	
Employee ID	
Faculty/ Department	
MaPS Position/ Title	
Anniversary Date	
Vacation Bank (anticipated on July 1 2020)	
Email	
Phone	
Schedule Request	

Note: Schedules are effective July 6 – August 28

Employee Signature _____	DATE
<p>Manager Approval</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 by **June 19, 2020**.



UNIVERSITY OF
CALGARY

SUMMER FLEX WORK WEEK – 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.