Office of Human Resources
300 Washington Avenue • Chestertown MD 21620
PHONE 410.778.7298 • FAX 410.778.7254
EMAIL hr@washcoll.edu
WEB hr.washcoll.edu

FLEXIBLE 4 DAY SUMMER SCHEDULE WORKWEEK FORM

A flexible summer schedule allows an employee to work the same number of regularly scheduled hours each week, but on a modified 4 day work week schedule. The employee should complete this form and submit to their supervisor for approval. If the supervisor approves, a signed copy of the completed form must be provided to the employee and a signed copy must be forwarded to the Office of Human Resources.

Summer Work Schedule 2014: (please print)

_____ _____
Employee Name (First, MI, LName College ID Number

Department_____ Hours per week: ☐ 35 hour/week
☐ 40 hour/week

Requested Flexible Summer Schedule period: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Work Schedule

☐ 35 Hour Work Week Schedule (Indicate one)

☐ 7:30 a.m. to 4:45 p.m. 30 minute lunch break
☐ 8:00 a.m. to 5:15 p.m. 30 minute lunch break
☐ 8:30 a.m. to 5:45 p.m. 30 minute lunch break

☐ If you are a 40 hour per week employee, your schedule must be arranged with your supervisor. Indicate schedule below:

☐ Start time: _____ End time: _____ 30 minute lunch break

My day off during the week will be: ☐ M ☐ T ☐ W ☐ TH ☐ F

By my signature below I understand and acknowledge the guidelines for this program and agree to abide by the Flexible Summer Schedule Policy. Washington College reserves the right to suspend, cancel or amend this program at any time.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

REV 04/2014