



Reduced Work Schedule Request

Employee Information	
New reduced work schedule request	Change request
Employee Name:	
Employee ID:	
Department/College:	
Requested Start Date:	Requested End Date:
Current Work Schedule:	

Proposed Reduced Work Schedule		
Day	Hours	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Additional information or alternative proposed schedule (you may attach document if needed):		

Employee Signature

Date:

Supervisor Name

Supervisor Signature

Date:

Signatures may be written or provided electronically. By signing this form, the employee and supervisor acknowledge and agree to this reduced work schedule.

Please forward the completed form to the Human Resources Leave of Absence Section for final review and processing via Workday upload, email (loaandworkcomp@ucf.edu), or secure eFax (407-882-9023).