



Reduced Work Schedule Request

Employee Information

New Request

Change Request

Employee Name:

Employee ID:

Division/College:

Requested Start Date:

Requested End Date:

Regular Work Schedule:

Proposed Reduced Work Schedule

Please provide the work schedule and total hours to work for each workday.

Example: schedule = 8am-12pm; hours worked = 4

| | |
|--------------------|-------|
| Monday Schedule | Hours |
| Tuesday Schedule | Hours |
| Wednesday Schedule | Hours |
| Thursday Schedule | Hours |
| Friday Schedule | Hours |
| Saturday Schedule | Hours |
| Sunday Schedule | Hours |

Total Hours Per Week

Additional information or alternative proposed schedule (you may attach documents 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 review and processing via Workday upload, email (loandworkcomp@ucf.edu), or secure eFax (407-882-9023).