

ANNUAL FLEX PLAN

Management & Professional Staff (MaPS)



Application for Participation

Name:	
Employee ID:	
Faculty/ Department:	
Position/ Title:	
Anniversary Date:	
Vacation Balance:	
Email:	
Phone:	

Within a two-week period, staff work their regular number of hours over nine (9) days, to allow for an extra day off. Staff members must select the scheduled day off in their application and are not permitted to change that election unless operational requirements require it.

Please complete:

Day Off:	Mon	Tue	Wed	Thu	Fri
Start Date for New Schedule:					
Date of First Day off:					

Employee Authorization

Employee Signature

Date

Manager Authorization

Name:

I approve participation in the flexible work arrangement. By providing this authorization I am confirming, that if applicable, there is a plan for this employee to use any excess vacation above one years' entitlement.

Manager Signature

Date

Please submit completed applications to hrhire@ucalgary.ca. prior to the timesheet cut off for the period.