

FLEX-LEAVE FORM
Human Resources
University of Kentucky

This form documents flex-leave pursuant to Human Resources Policy and Procedure Number 86.0 for the following employee.

Employee Name _____

Employee Social Security Number _____

Department _____

Date Flex-Leave will begin _____

Date Flex-Leave will end _____

Date and time employee will report to work _____

Approvals:

Department Head

Department Business Officer

Notice: The employee may either prepay any amounts due for insurance coverage(s) prior to the beginning of Flex-Leave or pay the amounts due on a monthly basis. Contact the Employee Benefits Office at (859) 257-9519 (Ext. 180) no later than _____ to arrange to make these payments. Provisions of Human Resource Policy 86.0 govern this Flex-Leave.

Acknowledgement: I am familiar with the provision of Human Resource Policy 86.0 and understand the conditions of flex leave.

Employee

cc: Controller & Treasurer, Payroll Office
Human Resource Services, Compensation Office
Human Resource Services, Benefits Office