

**INSTRUCTIONS:** This form is used by employees to request a flexible work schedule which permits exceptions to the normal hours of operation. Additional information or comments may be attached to this form where related to the terms of this flexible work schedule.

Employee Name (printed)	Employee Title
Department	Effective Starting Date

<i>Week One</i>				
	Begin Time	End Time	Lunch Time	Daily Hours
<b>Mon</b>				
<b>Tues</b>				
<b>Wed</b>				
<b>Thur</b>				
<b>Fri</b>				
<b>Sat</b>				
<b>Sun</b>				
<b>Total Hours*</b>				

<i>Week Two (If different from Week 1)</i>				
	Begin Time	End Time	Lunch Time	Daily Hours
<b>Mon</b>				
<b>Tues</b>				
<b>Wed</b>				
<b>Thur</b>				
<b>Fri</b>				
<b>Sat</b>				
<b>Sun</b>				
<b>Total Hours*</b>				

*\*Exempt employees may work a flexible 80-hour schedule within any consecutive two-week period under this agreement.*

I, the undersigned employee, understand the following:

- My request, if approved, may be modified, continued or discontinued at the discretion of management at any time.
- I must use paid and/or unpaid leave, in correlation with my approved flex schedule for any hours I do not work. (Example: If the flexible work schedule includes a 9-hour work day, then any paid leave for that day would be taken as 9 hours of leave).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Name

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Exec. Director, HR Name

\_\_\_\_\_  
Exec. Director, HR Signature

\_\_\_\_\_  
Date