

Request for Flexible Work Schedule

Name of Employee: _____ Personnel Number: _____

Unit/Section: _____

Job Classification: _____

I am requesting the following work schedule effective: _____.
(1st day of pay period)

Option 1

Five eight (8) hour workdays
Daily work schedule _____ a.m. to _____ p.m.

Option 2

Four ten (10) hour workdays
Daily work schedule: _____ a.m. to _____ p.m.
Workday off: _____

Option 3

From (Shift): _____
To: (Shift): _____

Option 4

Four (9) nine hour workdays and one four (4) hour day
Daily work schedule: _____ a. m. to _____ p.m.

One-half day off _____
Time worked on one-half day _____ to _____

For holiday closures I will take the appropriate day off if the holiday falls on my scheduled day off.

I understand that changes to the above schedule are allowed once per quarter, unless otherwise determined by my Supervisor, the Unit Head or the Regional Director.

I will submit a new request form to my Supervisor when a change is requested.

Employee Signature Date

Supervisor Signature Date

Unit Head Signature Date

Appointing Authority (Exceptions)

Date