



Flex-Schedule/Flex-Time Agreement

Employee Name: _____ EID #: _____ Position #: _____

Class Title: _____ Working Title: _____

FLSA Status: Non-Exempt Exempt Exempt and Non-exempt employees must complete a flex agreement

Effective: _____ (date) I will begin working the following flex schedule
 I will stop working the following flex schedule

General Terms and Conditions:

Per CDHS Policy VI 2.7 Alternative Work Schedules, CHDS Policy VI-2.9, Non-Exempt Employees: Work-Hours and Overtime, CDHS Policy V-4 Timekeeping, State Fiscal and Personnel Rules, and the Fair Labor Standards Act (FLSA):

- Each Flex-Schedule/Flex-Time workweek must total forty (40) hours in the CDHS Kronos Timekeeping and Leave Tracking System.
- Flex-Schedule/Flex-Time is a privilege, not a right, and can be rescinded 1) at the request of the Appointing Authority or the designee, 2) should coverage of the unit(s) be insufficient or 3) due to job performance/disciplinary issues.
- If the flex schedule is rescinded, the employee will return to the employee's original work schedule.
- This form must be received in the Central Time Manager's office one month before the effective date to allow proper instruction.

Specific Terms and Conditions

FLEX-SCHEDULE OPTION 1:

1. THIS FLEX SCHEDULE INVOLVES WORKING EIGHT (8) DAYS OF NINE HOURS AND ONE (1) DAY OF EIGHT HOURS.
2. THE WORK HOURS FOR EACH DAY THAT MY WORK WEEK SPLITS WILL SPLIT DURING THE DAY, FOUR HOURS AFTER MY START TIME. THE MORNING HOURS WILL GO TO THE PREVIOUS WORKWEEK AND THE AFTERNOON HOURS WILL GO TO THE NEXT WORKWEEK.
3. SHOULD MY FLEX DAY FALL ON A HOLIDAY, THE FLEX DAY REMAINS THE SAME AND THE HOLIDAY IS TAKEN ON AN ALTERNATE DAY.
4. NON-EXEMPT EMPLOYEES MUST ONLY DESIGNATE A MONDAY OR FRIDAY FLEX SCHEDULE.
5. SCHEDULED HOURS:
 - a. I WILL WORK _____ AM/PM TO _____ AM/PM ON THE NINE HOUR DAYS (CIRCLE AM OR PM)
 - b. I WILL WORK _____ AM/PM TO _____ AM/PM ON THE EIGHT HOUR DAY (CIRCLE AM OR PM)
 - c. MY FLEX DAY WILL BE: _____.
 - d. MY EIGHT (8) HOUR DAY WILL BE _____.
 - e. MY LUNCH PERIOD WILL BE _____ MINUTES EACH DAY.
6. THIS OPTION REQUIRES AN INDIVIDUALIZED KRONOS PROFILE. EMPLOYEE CANNOT START THIS OPTION WITHOUT A COMMUNICATION FROM THE CENTRAL TIME MANAGER INDICATING THE EFFECTIVE DATE AND KRONOS INFORMATION.

FLEX-TIME OPTION 2:

1. NINE (9) HOURS PER DAY FOR FOUR (4) DAYS, AND FOUR (4) HOURS ON _____, BEING MY NORMAL AND REGULARLY SCHEDULED ONE-HALF (1/2) DAY OFF.
2. THIS OPTION DOES NOT REQUIRE AN INDIVIDUALIZED KRONOS PROFILE.

FLEX-TIME OPTION 3:

1. TEN (10) HOURS PER DAY FOR FOUR (4) DAYS WITH _____ BEING MY NORMAL AND REGULARLY SCHEDULED DAY OFF.
2. THIS DAY MAY BE CHANGED WITHIN THE SAME WORK WEEK AS LONG AS THE WEEK TOTALS 40 HOURS PRIOR TO MIDNIGHT ON FRIDAY.
3. THIS OPTION DOES NOT REQUIRE AN INDIVIDUALIZED KRONOS PROFILE.

All terms and conditions have been discussed and the employee understands and agrees to all terms listed above by signing and dating this form.

Employee Signature: _____ Date: _____

	Approved	Disapproved	<u>Name and Signature</u>	<u>Date</u>
Supervisor:	<input type="checkbox"/>	<input type="checkbox"/>		
Appointing Authority or Designee:	<input type="checkbox"/>	<input type="checkbox"/>		