

SAMPLE FORM A

FLEXTIME REQUEST/AGREEMENT

I. *(Employee completes this section.)*

Name: _____ Date: _____
Class/Title: _____ Exempt: _____ Non-Exempt: _____
Division: _____

List your current schedule and the requested schedule.

Current Start and Stop Times		Requested Start & Stop Times	
Sunday	_____	Sunday	_____
Monday	_____	Monday	_____
Tuesday	_____	Tuesday	_____
Wednesday	_____	Wednesday	_____
Thursday	_____	Thursday	_____
Friday	_____	Friday	_____
Saturday	_____	Saturday	_____
Total Work Hours	_____	Total Work Hours	_____

How will your proposed schedule sustain or enhance your ability to get the job done and the ability of the work unit to maintain production and service?

What potential challenges, including potential additional costs, could your changed requested schedule raise with:

External Customers	_____
Internal Customers	_____
Co-workers	_____
Your Manager	_____

How do you suggest overcoming any challenges with these groups?

What reasonable measurements would you propose for you and your manager to constructively monitor the flextime schedule and assess how your performance (e.g., productivity and service) is meeting or exceeding expectations? Are there measurable outcomes to use? Be as quantitative as possible.

II. *(Appointing authority or designee completes this section.)*

Request for flextime is _____ approved. Effective date of flextime: _____ Ending date if temporary _____
Request for flextime is _____ declined. If declined, please describe why:

III.

We understand that prior approval is required, including any subsequent change to a different flextime schedule. Approval is the sole discretion of the Division Director or designee and, if approved, may be modified or discontinued at any time. The employee may also request to discontinue an approved flextime schedule at any time.

Date: _____ Division Director's (or designee's) signature _____

Date: _____ Employee's signature _____

SAMPLE FORM B

FLEXTIME REQUEST/AGREEMENT

I. Employee

Name: _____ Date: _____
Class/Title: _____ Exempt Non-Exempt
Division: _____ Work unit/section: _____

II. Workweek

Current Schedule	Start/Stop Times	Proposed Schedule	Start/Stop Times
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Total work hours		Total work hours	

III. Suitability

How will the proposed schedule affect the ability of you and your work unit to get the job done? Please note to what extent your work depends on customers or other staff, requires the presence of a supervisor, how productivity can be measured, the impact on co-workers, and the impact on customer service.

IV. Approvals

Flextime is a management tool and the primary consideration is always business need, and approval of an alternative work schedule is at the sole discretion of the appointing authority. It is a privilege, not a right or benefit, and an approved schedule may be discontinued or modified at any time.

Employee signature: _____
Appointing authority signature: _____ Date: _____

Approved. Effective date: _____ End date (if temporary): _____

Declined. Reason: _____

Please file a copy of this document with the Human Resources Office

SAMPLE FORM C

FLEXTIME REQUEST/AGREEMENT

Date: _____

Name: _____

Current Work Hours: _____

Requested Work Hours: _____

Supervisor Approval: _____

Basis for Request:

Describe the basis for your request as it relates to the compatibility of your job with an alternate schedule and the impact on the business needs of your work unit, such as your workload, responsiveness to customers, impact on co-workers, and staff coverage in the unit.

Supervisor: Submit completed request form to manager if outside 7:00 to 6:00, Monday through Friday.

Original to human resources office for personnel file. Copies to employee and supervisor.
Revised: 10/06

SAMPLE FORM D

FLEXTIME REQUEST/AGREEMENT

Name: _____ Date: _____

Division: _____ Exempt: ____ Non-Exempt: _____

Current Work Hours: _____

Requested Work Hours: _____

Supervisor Approval: _____

Basis for Request: describe how your job is suitable for flextime and the impact on the business needs of your work unit, such as your workload, responsiveness to customers, impact on co-workers, staff coverage, etc.

_____ Request is approved and effective on _____

_____ Request is declined

Appointing authority (or delegated authority) _____ Date _____