

State of Colorado Flextime - Employee Application and Agreement



Flextime is an option used to redesign or restructure traditional work schedules so the employee works daily hours different from regular office hours or works a full schedule in fewer days. Participation is generally voluntary, but always subject to the appointing authority's approval. *Participation in Flextime is not an employee right or benefit, and may be discontinued for any business reason, at any time.*

Each question and section must contain a complete answer for Flextime consideration. If you have questions on how to complete this application/agreement or what a certain section or question means, please contact your HR office. Also, it may be beneficial to complete an employee self assessment and review your department or organization's policy on Flextime prior to filling out an application. It is possible your position is ineligible for Flextime.

Name:	Department:	
Division:	Work Unit:	
Office Location:	Phone #	Fax #
Alternate Location:	Phone #	Fax #
E-mail Address(es):		
Official Class Title:	Appointing Authority:	

- I am currently FLSA exempt (not eligible for overtime) or non-exempt (eligible for overtime)
- List your current schedule and the requested schedule start and end times, along with the total work hours.

<u>Current</u>	<u>Start</u>	<u>End</u>	<u>Requested</u>	<u>Start</u>	<u>End</u>
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Work Hours			Total Work Hours		

3. 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?

4. What potential challenges, including potential additional costs, could this requested schedule create with:

External Customers	
Internal Customers	
Co-workers	
Your Supervisor/Manager	

5. How do you suggest overcoming any challenges with these groups?

6. What reasonable measurements do you propose for you and your supervisor/manager to constructively monitor this Flextime schedule and assess how your performance (e.g., efficiency, productivity, and customer service) is meeting or exceeding expectations? Are there measurable outcomes to use? Be as quantitative as possible.

I understand that prior approval for a Flextime arrangement is required, including any subsequent change to a different Flextime schedule, and I also agree to follow all policies and procedures regarding overtime. Approval is at the sole discretion of the Appointing Authority or designee and, if approved, may be modified or discontinued at any time. As the employee, I may also request to discontinue an approved Flextime schedule at any time.

Employee Signature

Date

Approved

Effective date:

End date (if temporary):

Denied

Reason:

Appointing Authority Signature

Date