

**FLEX SCHEDULE - SUPERVISOR RESPONSE FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Subject: Request for Flex Schedule

The purpose of this memo is to confirm our recent discussion regarding your request for approval to work a flex schedule. Your flex is:

\_\_\_\_\_\_\_Approved

\_\_\_\_\_\_\_Approved As Modified

\_\_\_\_\_\_\_Not Approved

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If approved (Flex schedules must be reviewed, at minimum, once annually):

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Start Date)

Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (End Date)

Notes regarding Flex Schedules:

* Staff are required to cover their full shift with the appropriate PTO when they take days off work.

Examples:

If a staff works a nine (9) hour shift, they must have nine (9) hours of accruals available to cover when calling in/taking a day off.

If a staff calls in, and they normally work six (6) hours on that day, they will need to have six (6) hours of time off available to cover.

* Holiday: When your day off falls on a paid Holiday, the staff will revert back to a five (5) day work week/traditional schedule; hours will be determined by their Supervisor. If there is a holiday during the week, staff will be able to flex their time with a schedule that is predetermined by their Supervisor for that week, or use PTO to cover the remainder of the Holiday (time above 7.5 hours).
* Snow Days/Emergency Closure Days: Staff will only be paid up to 7.5 hours for a day the Agency is closed if it falls on their scheduled workday. Staff will be required to use PTO to cover the remainder of their shift as necessary.

Examples:

If a staff is scheduled to works nine (9) hours on a day that the Agency is closed, 1.5 hours of PTO will need to be designated for that day.

If a staff is scheduled to work three (3) hours on a day that the Agency is closed, they will be paid for 3 hours.

In the event that the Agency is closed on a staff’s regularly scheduled day off, they will not be paid for the snow day.

Understand that failure to submit a flex schedule request prior to expiration of this approval will result in reverting back to a traditional work schedule. Further, understand that this flex schedule may be terminated at any time to meet program coverage needs at the Supervisor’s discretion. Staff are expected to have read and adhere to policy BA152 Alternative Work Schedules: Flexible Work Schedules/Remote Work.

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Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

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Officer Signature Date

\*Submit this form with the request form to HR.