

**FLEX SCHEDULE REQUEST FORM**

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

When a flex schedule is approved, it is an employee’s permanent schedule until the outlined expiration date. Flex schedules must be reviewed at minimum, annually. Employees are required to use PTO to cover the hours depicted below each day, when needed.

A benefit of a flex schedule for employees is supporting home/work life balance. However, it is important to remember that the primary purpose of a flex schedule is to better assist individuals served in their recovery and aid in efficient productivity. A flex schedule may be altered during a workweek due to Agency need or an employee’s request. Any deviations to the approved flex schedule, must be approved by the employee’s supervisor in advance. If an on-going change is requested to an employee’s schedule, a new request form must be submitted and approved. Note: a flex schedule may be revoked at any time at the Agency’s discretion.

Weekly Flex Schedule Request: \*no more than 10 hours a day may be worked.

Provide three options if you are flexible in your request. If your first option cannot be accommodated, your supervisor will then move to the next option.

Check the appropriate box below:

\_\_\_\_\_If all three (3) of my options are unable to be accommodated, I request that my supervisor review other options with me.

\_\_\_\_\_If all three (3) of my options are unable to be accommodated, I am not interested in a flex schedule at this time.

Option 1:

**Start Time End Time Length of Lunch Hours Worked**

Monday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Wednesday:\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Friday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Total Hours Worked:\_\_\_\_\_\_\_\_\_\_\_\_

*\*must equal 37.5*

*Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Option 2:

**Start Time End Time Length of Lunch Hours Worked**

Monday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Wednesday:\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Friday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Total Hours Worked:\_\_\_\_\_\_\_\_\_\_\_\_

*\*must equal 37.5*

*Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Option 3:* Option 1:

**Start Time End Time Length of Lunch Hours Worked**

Monday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Wednesday:\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Friday: \_\_\_\_\_\_\_\_\_(am/pm)-\_\_\_\_\_\_\_\_\_(am/pm) Lunch: \_\_30 Minutes or \_\_1 Hour Total Hours\_\_\_\_\_\_

Total Hours Worked:\_\_\_\_\_\_\_\_\_\_\_\_

*\*must equal 37.5*

*Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employee Signature Date*

*\*Submit this form to your Supervisor for review.*