

**Flex Time Agreement Form**

**for Departmental Use**

Flex Time is any work schedule other than 8 hours daily (with a 30 minute to 1 hour lunch) for 5 days a week. Flex Time must be a set routine schedule with coverage provided for “core” operational hours as defined by the department. Daily or weekly adjustments to the flex time schedule will not be allowed on an ongoing basis but may be considered on occasion with prior authorization of the appropriate administrator. Flex time may be approved for early morning or late evening transportation schedules, child care, class or other compelling reasons, and will be determined on a case-by-case basis.

OPTIONAL SECTION: For work weeks in which a holiday is designated or an employee wishes to take their discretionary day holiday the employee’s work schedule must revert back to the 5 days a week - 8 hours a day for the entire week. This ensures that all fulltime employees in the Department receive the same holiday credits. Work schedules need to be effective for the entire work week. Check here: **OPTIONAL SECTION**: Does Apply [ ]  or Does Not Apply [ ] .

For employees on the flex time work schedule whose hours are not 8 hours a day M-F, their hours and work days are to be noted in the Human Resources/Payroll System.

Any Department employee who works other than the 8 hours daily (with a 30 minute to 1 hour lunch) for 5 days a week must have this approved form on file in Human Resources Management (HRM). Regular scheduled work hours for non-exempt employees that begin prior to 6:00 a.m. or end after 6:00 p.m. will be eligible for shift differential pay.

The following employee is approved for a Department Flex Time schedule.

Name:

The work schedule indicated below will be effective beginning on the payroll period date:

and must be reviewed and approved annually.

|  |  |  |  |
| --- | --- | --- | --- |
| **Week Day** | **Arrive** | **Lunch** | **Departure** |
| **Sunday** |  |  |  |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday**  |  |  |  |

This form must be signed by the employee and supervisor. A copy should be provided to both the employee and the supervisor and the original provided to HR. While this work schedule reflects the normal work week, exempt/salaried staff are expected to get the job done regardless of the work schedule. Non-exempt/hourly staff are paid or compensated for the actual hours worked and leave reported.

I understand flex time is a benefit, not a right. Flex time may be rescinded at any time by the supervisor or Department administrator: (a) if the employee is not meeting his or her job responsibilities to the satisfaction of his or her supervisor and the appropriate administrator or (b) the schedule conflicts with the needs of the department, (c) failure to comply with holiday week work schedule changes or (d) at the discretion of Department Administrators.

Employee Signature: Date:

Supervisor/Administrator: Date: