

EMPLOYEE REQUEST - FLEXTIME WORK SCHEDULE MME

An employee may request a flextime work schedule. Such schedules shall be signed off on by the Department Head, Union President or Vice-President and the Director of Personnel. All Flextime schedules are temporary and may be changed with two- (2) weeks notice.

EMPLOYEE _____ DEPT/DIV _____ EFF. DATE _____

| DAY | SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----------|-----|-----|------|-----|-------|-----|-----|
| DATE | | | | | | | |
| ARRIVAL | | | | | | | |
| LUNCH OUT | | | | | | | |
| LUNCH IN | | | | | | | |
| DEPART | | | | | | | |

Employee Signature _____

Union Signature _____

_____ APPROVED _____ DISAPPROVED

Personnel Director _____

Department Head _____

_____ APPROVED _____ DISAPPROVED

DATE _____ DATE _____