

SUPERVISOR FLEXTIME FORM

As you are aware, your new contract requires that you work the hours your Department is open unless you have a flex time schedule approved by the City.

A flex schedule must be a set weekly schedule, not one that has you coming in and leaving a different hour each week. Your approved flex schedule will be your set schedule until such time as you request another or the business needs of the City dictate that your schedule needs to be changed to match the department's operating hours, at which time, we would notify you of the change with at least two (2) weeks notice.

Name: _____

Dept: _____

Dept. Normal Operating Hours: _____

Date Submitted: _____

Please explain what provisions have been made for the department to operate during your absence:

Employee's Flex Schedule: M T W TH F

How long will this schedule be in place? _____

Dept. Head Signature: _____

Human Resources Director: _____

Union Signature: _____

This form is to be completed and returned to the Personnel Department 2 weeks prior to schedule change:

Schedules **not** approved will be returned within 10 days.

A copy of this form will be filed in your personnel file.