Employee Work Schedule Form

Effective Date: Change: ☒

Employee Name: Personnel Number:

Select <u>one</u> of the <u>three</u> options provided:

Option 1: Five 8-hour days

Hours
0600 – 1430 ☐
0630 – 1500 ☐
0700 – 1530 ☐
0730 – 1600 ☐
0800 – 1630 ☐
0830 – 1700 ☐
0900 – 1730 ☐

Option 2: Four 10-hour days

	Hours	**Days**
	0600 – 1630 ☐	Monday ...... ☐
	0630 – 1700 ☐	Tuesday ...... ☐
	0700 – 1730 ☐	Wednesday. ☐
OR	0730 – 1800 ☐	Thursday..... ☐
	0800 – 1830 ☐	Friday.......... ☐
	0830 – 1900 ☐	
	0900 – 1930 ☐	

Option 3: Four 9-hour days + one 4-hour day

9-hour Day Options		**4-hour Day Options**	
Hours	**Days**	**Hours**	**Days**
0600 – 1530 ☐	Monday ....☐	0600 – 1000 ☐	Monday ...... ☐
0630 – 1600 ☐	Tuesday ....☐	0630 – 1030 ☐	Tuesday ...... ☐
0700 – 1630 ☐	Wednesday..☐	0700 – 1100 ☐	Wednesday. ☐
0730 – 1700 ☐	Thursday......☐	0730 – 1130 ☐	Thursday..... ☐
0800 – 1730 ☐	Friday...........☐	0800 – 1200 ☐	Friday.......... ☐
0830 – 1800 ☐		0830 – 1230 ☐	
0900 – 1830 ☐		0900 – 1300 ☐	
		1200 – 1600 ☐	
		1230 – 1630 ☐	
		1300 – 1700 ☐	
		1330 – 1730 ☐	

Comments or Requests:

Employee Initial: _____

Flextime work schedules are probationary for a 90-day period, at the end of which the schedule will be evaluated. All flextime schedules shall be evaluated annually by supervisors and division directors. Flextime evaluations shall be based on such considerations as employee and workgroup productivity, workload, absenteeism, punctuality, and overtime compensation.

A supervisor and/or division director may, at their discretion and at any time—including the 90-day probationary period—implement, continue, discontinue, or modify an employee's flextime schedule. A supervisor and/or division director has the right at any time—including the 90-day probationary period—to return an employee to a standard work schedule. Whenever possible, an employee will be notified in advance of a flextime work schedule change.

Employee _____ Date _____

Supervisor _____ Date _____

Division Director _____ Date _____

Agency Director _____ Date _____