## Flexitour Work Schedule Request

## U.S. Department of Housing and Urban Development

Employee's Name:		Org	Organization Name:		Date of this Request (must be submitted at least 3 workdays prior to the start of the pay period in which the change takes place):	
Employee's Signature:			Date of last work schedule change:		Proposed Effective Date (the beginning of a pay period):	
The designated flexitour sched This schedule must be adhere					of 7:00 a.m 9:30	a.m., Monday through Friday.
	Arrival 1			Departure Tim	e	
Current Work Schedule:						
Proposed Flexitour Work Sche	edule:					
Approved	Superviso	r's signature & dat	e:		Effective date:	Next work schedule change may be made no earlier than:
Disapproved						
Record of Flexitour Schedule This Record is retained in the deviation in arrival time, not to  Date of Deviation	employee's tir	nits of one (1)			ne 8-hour workday	ree may be approved a one day or requirement is met.  T's Signature

Forms Supply: Individuals may copy this form on office copiers as needed.