

## Employee Work Schedule Form

Effective Date:

Change:

Employee Name:

Personnel Number:

*Select one of the three options provided:*

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**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**

**OR**

- 0600 – 1630  Monday .....
  - 0630 – 1700  Tuesday .....
  - 0700 – 1730  Wednesday.
  - 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**

- | <b><u>Hours</u></b>                  | <b><u>Days</u></b>                     | <b><u>Hours</u></b>                  | <b><u>Days</u></b>                     |
|--------------------------------------|--|--------------------------------------|--|
| 0600 – 1530 <input type="checkbox"/> | Monday ..... <input type="checkbox"/>  | 0600 – 1000 <input type="checkbox"/> | Monday ..... <input type="checkbox"/>  |
| 0630 – 1600 <input type="checkbox"/> | Tuesday ..... <input type="checkbox"/> | 0630 – 1030 <input type="checkbox"/> | Tuesday ..... <input type="checkbox"/> |
| 0700 – 1630 <input type="checkbox"/> | Wednesday.. <input type="checkbox"/>   | 0700 – 1100 <input type="checkbox"/> | Wednesday. <input type="checkbox"/>    |
| 0730 – 1700 <input type="checkbox"/> | Thursday..... <input type="checkbox"/> | 0730 – 1130 <input type="checkbox"/> | Thursday..... <input type="checkbox"/> |
| 0800 – 1730 <input type="checkbox"/> | Friday..... <input type="checkbox"/>   | 0800 – 1200 <input type="checkbox"/> | Friday..... <input type="checkbox"/>   |
| 0830 – 1800 <input type="checkbox"/> |  | 0830 – 1230 <input type="checkbox"/> |  |
| 0900 – 1830 <input type="checkbox"/> |  | 0900 – 1300 <input type="checkbox"/> |  |
|                                      |  | 1200 – 1600 <input type="checkbox"/> |  |
|                                      |  | 1230 – 1630 <input type="checkbox"/> |  |
|                                      |  | 1300 – 1700 <input type="checkbox"/> |  |
|                                      |  | 1330 – 1730 <input type="checkbox"/> |  |
- 

**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	_____