Office of the Secretary Flexitime (Gliding Schedule)

Employee Name:	
Position Title/Series/Grade:	
I would like to work Flexitime. My flexible ar a.m. to a.m., and my flexible departur p.m. to p.m. I understand that I may not arrive arrival band nor depart later than the end of the departur with my supervisor's approval between the hours of hours are 9:30 a.m. to 3:30 p.m. on Monday through Fri I understand that I am required to be present at work on period and during core time as indicated above, or I must compensatory time off, credit hours or the appropriate least	the time band would be frome earlier than the beginning of the te band. I may take a flexible luncha.m. andp.m. Core day. each of the ten workdays of the pay st account for my absence with
I have read, understand and agree to all the provisions o policy that are applicable to the work schedule I have re	
I understand that Flexitime is a privilege and as such I h schedule and that the approval of my Flexitime request is supervisor.	
I understand that I may be requested to arrive at an alter when necessary to provide office coverage, attend meeti when requested I must comply.	
I understand that I will not be paid for work in excess of am authorized and approved to perform credit hours, or	
Employee Signature:	Date:
Approved	Not approved
Supervisor Signature:	Date:
Second Level Supervisor Concurrence: (Only for "Not approved" and the reason must be ar You may attach the explanation to this agreement.)	Date:ticulated to the employee in writing.

Office of the Secretary Maxiflex Work Schedule

Employe	ee Name	<u>:</u>		***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>Position</u>	Title/Se	eries/Gra	ide:						
a.m. to	a.m lerstand th id of the d	., and my f at I may n	lexible de ot arrive e and. I may	parture tin arlier thar / take a fl	lexible arrive me band we the beginn exible lunc	ould be fro iing of the	m arrival bar	_ p.m. to _ id nor depa	art later
I understar beginning			my imme	diate sup	ervisor of n	ny planned	work sche	dule by th	e
				(OR				
a p depart late	.m. tom. I und r than the etween th	a.m., erstand tha end of the e hours of	and my fl t I may no departure	exible de t arrive e band. I n	4/10. My fl parture time arlier than t nay take a f	e band wor he beginni lexible lun	uld be fron ng of the a	ı rrival band	p.m. to d nor
MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
I understar and that th I understar time through	ible to the ad that Ma e approval ad that during the use	work sche xiflex is a l of my Fle ring the cor of leave of	privilege axitime requestion of recedit however the control of the	e requested and as successed as at 12 hours at 12 hour	ons of the Cod. th I have not the sole dis 3:30 p.n least 8 days rs in a day to the the the the code of the	inherent ricretion of n., I must to of the pay	right to a M my superv pe present of period.	laxiflex sc isor. or account so as over	hedule for my time. I
	ssary to pi I must coi	rovide officently.	ce coverag	e, attend	meetings, ti	raining, or		es and that	, when
Employee									^*
		Approv	red				***************************************	Not app	proved
Supervisor S	Signature:	····	 			Date:			
	for "Not a	ipproved" a	and the rea	ison must	be articula	ted to the o	employee i	n writing.	

Distribution: Employee - Supervisor - Timekeeper - Human Resources Office (Timekeeper retains the original. A copy of this form must be received by your servicing Human Resources Office prior to the effective date of your work schedule change.)

Office of the Secretary Compressed Work Schedule

Employ	ee Name	<u>:</u>								
Position	n Title/Se	eries/Gra	de:							
I would	like to wo	rk the foll	owing cor	npressed	work sched	lule:				
Compressed 5-4/9 Compressed								d 4/10		
MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
My s I have that: I uncompared to a second and a correct or corr	re read, understand the compressed or if my derstand the compressed derstand the compressed or if my derstand the compressed ompensator	and I have derstand at ble to the va at I must a compensato at a Compi d Work So supervisor at I am not to do so as	nd agree to work sched rrive this t ry time off ressed Wo chedule an or determinated permitted sovertime appropriate	o all the produle I have ime every for appropriate that this less it appropriate to work a work for e. I canno	val time will ovisions of e requested. workday moriate leave alle is a privica agreement opriate to do any time in a which I will tearn credicoff balance	the Office noming or or other e lege and a may be re o so. excess of t l be compo	account fo xcused abs s such I havoked at ar	r late arrive ence. we no inher ny time if r de unless or either pren	al or rent right ny needs rdered nium pay	
Emp	Employee Signature:					Date:				
		A _l	proved					Not ap	proved	
Supe	rvisor Sign	ature:		<u></u>		Da	ate:		_	
Secon (nd Level S Only for " You may a	upervisor (Not appro ttach the e	Concurrented ved" and to a planation	ce: he reason to this ag	must be art	Da iculated to	the emplo	yee in writ	ing.	