Office of the Secretary Flexitime (Gliding Schedule)

Employee Name:

Position Title/Series/Grade: _____

I would like to work Flexitime. My flexible arrival time band would be from ______ a.m. to ______ a.m, and my flexible departure time band would be from ______ p.m. to ______ p.m. I understand that I may not arrive earlier than the beginning of the arrival band nor depart later than the end of the departure band. I may take a flexible lunch with my supervisor's approval between the hours of ______ a.m. and ______ p.m. Core hours are 9:30 a.m. to 3:30 p.m. on Monday through Friday.

I understand that I am required to be present at work on each of the ten workdays of the pay period and during core time as indicated above, or I must account for my absence with compensatory time off, credit hours or the appropriate leave or other excused absence.

I have read, understand and agree to all the provisions of the Office of the Secretary AWS policy that are applicable to the work schedule I have requested.

I understand that Flexitime is a privilege and as such I have no inherent right to a Flexitime schedule and that the approval of my Flexitime request is at the sole discretion of my supervisor.

I understand that I may be requested to arrive at an alternative or a specific time on occasion, when necessary to provide office coverage, attend meetings, training, or conferences and that when requested I must comply.

I understand that I will not be paid for work in excess of eight hours on any workday unless I am authorized and approved to perform credit hours, or ordered to work overtime.

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.)	

Office of the Secretary Maxiflex Work Schedule

Employee Name: _____

Position Title/Series/Grade:

_____ I would like to work full Maxiflex. My flexible arrival time band would be from _____ a.m. to _____ a.m., and my flexible departure time band would be from _____ p.m. to _____ p.m. I understand that I may not arrive earlier than the beginning of the arrival band nor depart later than the end of the departure band. I may take a flexible lunch with my supervisor's approval between the hours of ______ a.m. and ______ p.m.

I understand that I must inform my immediate supervisor of my planned work schedule by the beginning of each pay period.

OR

I would like to work Maxiflex 5/4-9 OR 4/10. My flexible arrival time band would be from ______ a.m., and my flexible departure time band would be from ______ p.m. to ______ p.m. I understand that I may not arrive earlier than the beginning of the arrival band nor depart later than the end of the departure band. I may take a flexible lunch with my supervisor's approval between the hours of ______ a.m. and _____ p.m.

My schedule will be:

MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI

I have read, understand and agree to all the provisions of the Office of the Secretary AWS policy that are applicable to the work schedule I have requested.

I understand that Maxiflex is a privilege and as such I have no inherent right to a Maxiflex schedule and that the approval of my Flexitime request is at the sole discretion of my supervisor.

I understand that during the core hours of 9:30 a.m. - 3:30 p.m., I must be present or account for my time through the use of leave or credit hours on at least 8 days of the pay period.

I understand that I may not work more that 12 hours in a day unless required to do so as overtime. I further understand that I may be requested to arrive at an alternative or a specific time on occasion when necessary to provide office coverage, attend meetings, training, or conferences and that, when requested, I must comply.

Employee Signature:	Date:			
Approved	Not approved			
Supervisor Signature:	Date:			
Second Level Supervisor Concurrence:	Date:			
(Only for "Not approved" and the reason mus	t be articulated to the employee in writing.			
You may attach the explanation to this agreen	nent.)			

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

Employee Name:	

Position Title/Series/Grade: _____

I would like to work the following compressed work schedule:

_____ Compressed 5-4/9

_____ Compressed 4/10

MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI

Employee Certification:

My supervisor and I have agreed that my arrival time will be: ______ a.m.

I have read, understand and agree to all the provisions of the Office of the Secretary AWS policy that are applicable to the work schedule I have requested.

I understand that I must arrive this time every workday morning or account for late arrival or absence with compensatory time off or appropriate leave or other excused absence.

I understand that a Compressed Work Schedule is a privilege and as such I have no inherent right to a Compressed Work Schedule and that this agreement may be revoked at any time if my needs change or if my supervisor determines it appropriate to do so.

I understand that I am not permitted to work any time in excess of this schedule unless ordered and authorized to do so as overtime work for which I will be compensated by either premium pay or compensatory time as appropriate. I cannot earn credit hours and will not expect my supervisor to allow me to maintain "off the record" time-off balances.

Employee Signature:	Date:		
Approved	Not approved		
Supervisor Signature:	Date:		
Second Level Supervisor Concurrence:	Date:		
(Only for "Not approved" and the reason must	be articulated to the employee in writing.		
You may attach the explanation to this agreeme	ent.)		