

**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. 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.

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 must be articulated to the employee in writing.
You may attach the explanation to this agreement.)

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.)