

**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**

**FLEXIBLE WORK SCHEDULE REQUEST FORM**

<b>Employee Name:</b>	
<b>SCEIS Personnel :</b>	<b>Band:</b>
<b>Title:</b>	<b>Division:</b>

I would like to request the following flextime work schedule. I understand that the /Deputy Director/Department Head may approve or disapprove this request, particularly if an adverse impact on the accomplishment of our mission is perceived. I have been given the opportunity to review the Agency's Flextime Policy and discuss its provisions with my supervisor. I also understand that I may change my requested hours of work only once each ninety (90) days and that my flextime may be rescinded by my supervisor at any time upon written notification. I must be present at work during the core hours, which are from 9:30 am through 3:30 pm.

\_\_\_\_\_ **30 Minute Lunch Flextime Work Schedule: (Choose one, sign and date):**

\_\_\_\_\_ **1 Hour Lunch Flextime Work Schedule: (Choose one, sign and date):**

<b>Start Time</b>	<b>End Time</b>	
		<b>Employee Signature/Date</b>
<b>Approved:</b>		
	<b>Supervisor Signature/Date</b>	
	<b>Deputy Director/Department Head Signature/Date</b>	

Please send a completed copy to the Office of Human Resources for the employee's file.