



Flexible Work Schedule Request Form

Please complete form and forward to immediate supervisor; supervisor will recommend approval or denial and forward to leave manager

Employee Name: _____

SCEIS Personnel Number: _____

Title: _____

Employee's Department/Division: _____

I would like to request the following flextime work schedule. I understand that the Deputy Director/ Department Head may approve or disapprove this request, 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 me supervisor. I also understand that I may change my requested hours of work only once each (90) days and that my flextime may be rescinded by my supervisor at any time upon written notification.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 core hours, which are from 9:30 AM through 3:30 PM.

Choose one, sign, and date-

_____ 30 Minute Lunch Flextime Work Schedule

_____ 1 Hour Lunch Flextime Work Schedule

_____ to _____
Start Time End Time

Employee Signature

Date

Approved

☐
Yes

☐
No

Supervisor Signature

Date

☐
Yes

☐
No

Deputy Director/Department Head Signature

Date

****Note: Save form after completing to save changes****