

CCS Flexible Work Schedule Application

EMPLOYEE NAME: _____

TITLE: _____

SUPERVISOR NAME: _____

DEPARTMENT: _____

PROPOSED FLEXIBLE WORK SCHEDULE:

Hours					
Day of Week	Begin Time	End Time	Begin Time	End Time	Total Hours Per Day
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS PER WEEK:					

SCHEDULE EFFECTIVE DATES (not to exceed 1 year): **Beginning**_____ **Ending**_____

I attest that I have reviewed CCS Administrative Procedure 2.00.01-E Flexible Work Schedules. I agree to follow all applicable rules and regulations related to my position and job duties, time reporting, overtime, and paid leave use. I understand that a flexible work schedule is an employee benefit, not an employee right, and that this agreement may be terminated by me, by my supervisor or by CCS at any time.

Employee's Signature

Date

Approved

Denied

Rationale:

Supervisor's Signature

Date

Department Executive's Signature

Date

Verified by Payroll

Signature

Date

Verified by Human Resources

Signature

Date