

# REQUEST FOR FLEXIBLE WORK HOURS/WORK SCHEDULE

Employee Name: \_\_\_\_\_

Section/Unit: \_\_\_\_\_

Title: \_\_\_\_\_ Personnel #: \_\_\_\_\_

**I am requesting the following work schedule (check one):**

**Option 1 (traditional work schedule)**

\_\_\_\_\_ Five (8) hour workdays, Monday through Friday  
Daily work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Lunch hour (circle one): 30 min. 45 min. 1 hr.

**Option 2 (flexible work schedule)**

1. \_\_\_\_\_ Four (10) hour workdays, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Daily work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Scheduled workday off (Monday through Friday, if the section's attendance policy allows): \_\_\_\_\_.  
Lunch hour (circle one): 30 min. 45 min. 1 hr.
2. \_\_\_\_\_ Four (9) hour workdays plus one (4) hour workday  
Daily work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Four-hour workday (either Monday or Friday): \_\_\_\_\_.  
Lunch hour (circle one): 30 min. 45 min. 1 hr.
3. \_\_\_\_\_ Four (4) nine (9) hour days in one week of the pay period and four (4) nine hour days plus one (1) eight (8) hour day in the other week of the same pay period. (Available to exempt employees only).  
Nine (9) hour day work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Eight (8) hour day work schedule \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Scheduled day off (either Monday or Friday): \_\_\_\_\_.  
Day off (First week or Second week of the pay period): \_\_\_\_\_.  
Lunch hour (circle one): 30 min. 45 min. 1 hr.

Requested Date for Schedule to Begin: \_\_\_\_\_  
(Must be beginning of a pay period)

I have read and understand the DOA Personnel Policy Number 6, *Attendance/Leave, Work Hours and Work Schedules*. I understand that if business needs change my schedule could change upon immediate notice and that if I choose a flexible schedule I may be compensated differently from others while traveling and when holidays fall within the workweek. I agree to these terms and conditions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Date

Upon completion and approval by the section head, the original form should be forwarded to the Office of Human Resources (OHR).