



## THINKING IT THROUGH

### FlexTime Work Schedule Proposal

The process for requesting a FlexTime work schedule begins by submitting a proposal to your supervisor. The “Thinking it Through” worksheet helps staff members to weigh the challenges with the opportunities offered by a FlexTime work schedule.

Once the worksheet has been completed, please schedule time with your supervisor, who has the ultimate authority for decision making, to discuss your proposal.

<b>Employee Name</b>
<b>Job Title</b>
<b>Department</b>

**Request period:**

- ☐ Start Date: \_\_\_\_\_
- ☐ End Date: \_\_\_\_\_

**Please indicate your current and proposed schedule with hours and work location:**

CURRENT WORK SCHEDULE					PROPOSED WORK SCHEDULE				
	Work Location	Hours		TOTAL		Work Location	Hours		TOTAL
		Start	End				Start	End	
					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Saturday					Saturday				
Sunday					Sunday				
TOTAL HOURS					TOTAL HOURS				

**How will this new schedule sustain or enhance your ability to get the job done?**

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Identify any potential challenges your *external customers* might experience?

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Identify any potential challenges your *internal customers* might experience.

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Identify any potential challenges that your *co-workers* might experience.

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How do you suggest addressing the challenges identified above?

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Describe how your performance will be measured under this FlexTime schedule.

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(OPTIONAL)

## EMPLOYEE SIGNATURE

I have read and understand \_\_\_\_\_ (Department Name) guidelines for FlexTime work schedules and agree to the terms and conditions set forth. I understand that it is my responsibility to make my flexible work schedule a success and that \_\_\_\_\_ (Department Name) has the right to discontinue this schedule at any time, providing a two-week notice is given.

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

\_\_\_\_\_  
Date

## SUPERVISOR AUTHORIZATION

I have reviewed this FlexTime schedule proposal with the employee.

This proposal is    \_\_\_ Approved    \_\_\_ Denied

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date