



EMPLOYEE DESIRED WORK SCHEDULE

DATE: _____

TO: _____
(Supervisor)

SUBJECT: Desired Work Schedule

I desire the following work schedule:

Fixed Schedule _____ a.m. to _____ p.m.

OR

5 - 4 / 9 Compressed Schedule

8-1/2 hour day is _____ of week _____ of pay period.

Day off is _____ of week _____ of pay period.

Starting time: 9-1/2 hour days _____ ; 8-1/2 hour day _____

OR

Flexitime Work Schedule _____ a.m. estimated daily arrival time

(Flexitime band between:
7:00 a.m. and 9:30 a.m.,

(Signature of Employee)

Approved

Approved With the Following Conditions: _____

Disapproved (*Explanation*): _____

(Signature of Supervisor)