

Flex-time Agreement

As of 2013

Employee Name: _____ Job Title: _____

Department/Division/Work Unit: _____

Employee Work Headquarters: _____

Telephone Numbers - Office: _____ Home: _____ Cell: _____

Fax: _____ E-mail: _____

Home Address: _____

Date to Begin Trial Flex-time Arrangement: _____

Date to End Trial Flex-time Work Week Arrangement: _____

Indicate below your current work schedule showing the actual schedule you work per day in a ten day cycle, (e.g., Monday, 8:30 a.m. - 12:30 p.m., 1:30 p.m. - 4:30 p.m.). Confirm your proposed flex-time schedule by specifying the actual work hours requested per day in a ten day cycle.

Note: You must work a total of _____ hours in a ten day cycle.

Current Work Week Schedule			Proposed Flex-time Schedule		
Days	Hours (Start, Finish, and Lunch)		Days	Hours (Start, Finish, and Lunch)	
	Week 1	Week 2		Week 1	Week 2
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Total Hours			Total Hours		

Employer / Employee Reviews

Meetings between the Employee and the Director/Manager/Supervisor will be scheduled every _____ (indicate time frame) to review the flex-time arrangements and to discuss any needed adjustments. This agreement may be terminated by the employer or the employee on _____ calendar days notice, except in cases of emergency or any agreed to circumstances where no notice will be required.

Conditions Required by the Employer

Indicate any specific requirements the employer places on the employee as part of the flex-time arrangement.

Employee Agreement

I have read and I understand the flex-time guidelines and Q & A's. I agree to the conditions of this requested arrangement. I also understand that this flexible work arrangement can be modified or terminated at the department=s discretion.

Employee Signature: _____ Date: _____

Employer Signatures

Director/Manager/Supervisor: _____

Deputy Minister or Designate: _____

Date: _____

Flex-time Review

This Flex-time arrangement is:

- extended to (date) _____.
- modified as noted below effective (date) _____.
- cancelled as of (date) _____.

Comments:

Employee Signature: _____ Date: _____

Employer Signatures:

Director/Manager/Supervisor: _____ Date: _____

Deputy Minister: _____ Date: _____

**cc: Director of Strategic Human Resource Division
Personal file of (insert employee's name)**