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| <b>GENERAL INFORMATION</b>   |  |  |  |  |  |
| Employee Name  |  |  | Position Title   |  |  |
| Office / Section   |  |  | Position covered by the Collective Bargaining Agreement (CBA)  |  | See SF-50 (Notification of Personnel Action) for bargaining unit status. If code 1150, position is covered by the CBA. |
|  |  |  | Yes  | No   |  |
| <b>FLEXIBLE WORK OPTION(S) REQUEST TYPE</b>  |  |  |  |  |  |
| Check all that apply. Refer to the Division / Section Flexible Work Options policies for schedule options. <b>Where applicable, add 30-minute lunch break to schedule.</b>   |  |  |  |  |  |
| <input type="checkbox"/> Telework (Complete CRT Telework Form)   |  |  |  |  |  |
| Work Schedule Options / <b>Fixed</b> Arrival and Departure Times   |  |  | Work Schedule Options / <b>Variable</b> Arrival and Departure Times  |  |  |
| Flexi FT - tour of duty other than 9:00 AM to 5:30 PM  |  |  | Gliding FT - eight hours daily / 40 hours each week of the pay period  |  |  |
| Flexi 5/4-9 FT - eight 9 hour days / one 8 hour day / one workday off each pay period  |  |  | Gliding PT - number of hours required by schedule  |  |  |
| Flexi 4-10 FT - four 10 hour days / one workday off each week of the pay period  |  |  | Maxi-Flex FT - variable workweek hours / 80 hour pay period  |  |  |
| Flexi PT - 32-64 hours per pay period  |  | PT Reduced Hours - 66-78 per pay period  | Maxi-Flexi PT - variable workweek hours within a less than 80 hour pay period  |  |  |
| Job Share Arrangement  |  |  | Job Share Arrangement with Gliding   | Job Share Arrangement with Maxi-Flex   |  |
| <b>FLEXIBLE WORK OPTION SCHEDULE</b>   |  |  |  |  |  |
| Fixed Schedule - If less than a five-day workweek, indicate "off" for all non-workdays.  |  |  | Variable Schedule - List any continuing criteria; otherwise enter into separate written agreement. FT employee core hours are 10:00 AM to 3:30 PM. |  |  |
| Work Schedule Week 1   |  | Work Schedule Week 2   |  |  |  |
| MON  |  | MON  |  |  |  |
| TUE  |  | TUE  |  |  |  |
| WED  |  | WED  |  |  |  |
| THU  |  | THU  |  |  |  |
| FRI  |  | FRI  |  |  |  |
| Total Number of Work Hours <b>Per Pay Period</b>   |  |  | Effective Date   |  |  |
| <b>EMPLOYEE ACKNOWLEDGMENT</b>   |  |  |  |  |  |
| I understand that this request is subject to the terms and conditions set forth in the Division / Section policies and procedures for flexible work options, and, if applicable, the Collective Bargaining Agreement. If at any time the work option no longer serves my purposes or the needs of the Division / Section, the work option may be discontinued by the employee or management. |  |  |  |  |  |
| Print Name, Sign and Date  |  |  |  |  |  |
| <b>CONCURRENCE - SUPERVISOR</b>  |  |  |  |  |  |
| The employee and immediate supervisor have discussed this flexible work option request. The request is:  |  |  |  |  |  |
| <input type="checkbox"/> Recommended for Approval  |  | <input type="checkbox"/> Recommended for Approval with Modification (describe below) |  | <input type="checkbox"/> Recommended for Disapproval (indicate reason below or attach documentation) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Print Name, Sign and Date  |  |  |  |  |  |
| <b>DECISION - SECTION CHIEF / MANAGER DESIGNATED BY THE SECTION CHIEF</b>  |  |  |  |  |  |
| The level of approval must be consistent with the Division's policy and procedures. The request is:  |  |  |  |  |  |
| <input type="checkbox"/> Approved as Requested   |  | <input type="checkbox"/> Approved as Modified  |  | <input type="checkbox"/> Due to Modifications, Employee Opted to Withdraw Request                    |  |
|  |  |  |  | <input type="checkbox"/> Disapproved   |  |
|  |  |  |  |  |  |
| Print Name, Sign and Date  |  |  |  |  |  |

SEND A COPY OF THE SIGNED FORM TO THE HUMAN RESOURCES OFFICE