

# 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<br>(Start, Finish, and Lunch) |        | Days                        | Hours<br>(Start, Finish, and Lunch) |        |
|                            | Week 1                              | Week 2 |                             | Week 1                              | Week 2 |
| Monday                     |                                     |        | Monday                      |                                     |        |
| Tuesday                    |                                     |        | Tuesday                     |                                     |        |
| Wednesday                  |                                     |        | Wednesday                   |                                     |        |
| Thursday                   |                                     |        | Thursday                    |                                     |        |
| Friday                     |                                     |        | Friday                      |                                     |        |
| <b>Total Hours</b>         |                                     |        | <b>Total Hours</b>          |                                     |        |

## 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)**