Print Form

DEPARTMENT OF CORRECTIONS
AFSCME Security Plus
Flex Schedule Authorization

Complete this form before leave is taken to ensure it has been approved. Flex time must be applied within the same regular workweek.

Last Name: _____ First Name: _____ M.I. ____

_____ Employee Signature _____ Date

Requesting approval for a flex schedule for the week of: _____ – _____
First Day of Week (Date) Last Day of Week (Date)

FLEX SCHEDULE FOR THE WEEK REQUESTED ABOVE:		SCHEDULE CHANGE REQUESTED: From (standard start and stop time)	To (requested start and stop time)
Date:			

2009-2011 AFSCME Security Plus Contract, Revised Letter of Agreement, dated 3-18-09: in part,

1. *The parties agree to a flexible work schedule for employees at the discretion of management. Overtime, for purposes of this agreement, will only be paid for work in excess of forty (40) hours per week. The definition of overtime pursuant to this agreement is as follows: 'overtime for employees working a flexible work schedule is time in excess of forty (40) hours per workweek.'*
2. *A flexible work schedule is defined as follows: 'A flexible work schedule is a schedule which may vary the number of hours worked on a daily basis and the sequencing of these hours but does not exceed forty (40) hours in a workweek as defined in Article 25 Section 1 and which is agreed upon in advance by the employee and the supervisor.' The flexing of an employee work schedule shall take place within the same workweek.*
3. *Use of the flexible work schedule shall be limited to infrequent, irregular use of special occasions and not as a fixed schedule.*

Comments:

☐ **APPROVED** ☐ **DENIED**

_____ Supervisor Signature _____ Date

c: working file

Note: Please turn in with monthly timesheet and keep a copy for your file.