Flexible Work Schedule

Employee Name:								
DIRECTIONS: All time worked outs in advance by the employee's superior		ployee's norma	l work schedule	e AND all t	ime off und	er a flexible wor	k arrangement	must be approved
For all non-exempt employees (cla at the appropriate rate, i.e. base pathan 40 hours/week. A supplement to Payroll no later than the 1st of	ay for 8 hou tal time sh the montl	urs or less per of eet will be comp 1.	day or 40 hours pleted to pay fo	or less pe or additiona	er week; and al hours not	d overtime rate f flexed off. The	or more than 8	hours/day or more
Description of Job/Time Off	Date	Work Hours: Start Time	Work Hours: End Time	Hours Earned	Hours Taken Off	Supervisor's Approval	Date Approved	Balance*
Total Time Balance								
*Any բ For any negative	oositive ba balance, t	llance remainii the employee i	ng at the <u>end o</u> must enter the	of the wee absence	ek must be into Time	paid to the em & Attendance (ployee. formerly AES	OP).
Employee Signature		Da	Date		or Signatur	Date		