Headquarters Work Schedule Request Form

1/24/17 DL (124/17

					/			
Employee:			Organization:					
Supervisor:			Effective Date:					
Request for p	chedule request ermanent change to							
I request the followin	g work schedule (sele	ect one):						
Flexible Schedule: Flexitour Daily Flexible (Gliding) Maxiflex (SafeTrack Pilot) My proposed work days and work hours for each biwee			Compressed Schedule: 5-4/9 Compressed Work Schedule 4-10 Compressed Work Schedule					
iviy proposed work					E			
Week 1 Start Time	Monday	Tuesday	Wednesday	Thursday	Friday			
Week 1 Start Time Week 1 Stop Time								
Week 1 Stop Time	1000				er bende die belande gebore in			
Week 2 Start Time		T			Bhdar C, 12 to 50 3 70 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Week 2 Start Time								
Note: This section is not applicable to maxiflex work schedules. Employees approved for a maxiflex work schedule must submit a biweekly proposed work schedule purusant to the applicable policy/collective bargaining memorandum of understanding. All work schedules must include a minimum of a 30-minute unpaid lunch break.								
Employee Signature:				Date:				
	d schedule is approve d schedule is denied.		e keeper for proces	sing).				
Supervisor Signature:				Date:				

HQ MaxiFlex Pay Period Time Sheet

Week 1						Week 2								
Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
In														
Out														
Regular Hours														
Leave														
Credit Hours														
				Work Sche	edule (to b	e comple	eted on a	daily basis	during the	e pay perio				
			Week 1								Week 2			
Time	Sun	Mon		Work Sche	edule (to b	e comple Fri	eted on a	daily basis Sun	during the	e pay perio		Thu	Fri	Sat
In	Sun	Mon	Week 1								Week 2	Thu	Fri	Sat
In Out	Sun	Mon	Week 1								Week 2	Thu	Fri	Sat
In Out Regular Hours	Sun	Mon	Week 1								Week 2	Thu	Fri	Sat
In Out Regular Hours Leave	Sun	Mon	Week 1								Week 2	Thu	Fri	Sat
In Out Regular Hours	Sun	Mon	Week 1								Week 2	Thu	Fri	Sat

HQ Maxiflex Pilot Work Schedule Agreement

1/24/17 DL 1/24/17

Employee's Name:	
Effective Date of Schedule:	
Supervisor's Name:	
I understand that Maxiflex is a flexible schedul duty start/end times on a daily basis and I mus work and/or by charging leave, credit hours, et time off, or time off as an award.	t account for 80 hours per pay period with
I understand I must adhere to core hours estab	olished for Headquarters.
I agree to submit my proposed work schedule policy.	in accordance with the HQ Maxiflex
I agree to document my actual work schedule policy.	daily in accordance with the HQ Maxiflex
I agree to adhere to the HQ Maxiflex rules rega	arding credit hours.
I understand that the agency may modify, suspaccording to the terms of the policy.	pend, or terminate my participation in Maxiflex
I certify that I have read the HQ Maxiflex Pilot Program agreement applicable to me, I understand the terms,	
Employee's Signature:	Date:
Supervisor's Signature:	Date:

HQ Maxiflex Pay Period Time Sheet Instructions

1) Filling Out the Proposed Work Schedule

window must have prior approval.

- a) Enter the current pay period.
- b) Fill out the top Proposed Work Schedule section prior to the start of the pay period.

 All projected hours must be scheduled within the tour of duty, Monday-Friday, 5:30 a.m. to 7:00 p.m. Employees may work up to a maximum of 11½ non-overtime hours in a single workday. These can be basic hours, approved leave, or a combination of these. Hours worked outside of the tour of duty
- c) Enter the time that you propose to arrive each day in the "In" block.
- d) Enter the time that you propose to depart each day in "Out" block.
- e) Submit the Maxiflex Pay Period Time Sheet to your supervisor prior to the start of the pay period using one of the following options (as instructed by supervisor):

Option 1 (Email)

- i) Enter your name in the "Employee Name/Signature" block.
- ii) Save the Maxiflex Pay Period Time Sheet.
- iii) Email the Maxiflex Pay Period Time Sheet to your supervisor.

Option 2 (Print)

- i) Print your Maxiflex Pay Period Time Sheet, sign it in the "Employee Name/Signature" block.
- ii) Submit to your supervisor.

Option 3 (Shared Drive)

- i) Enter your name in the "Employee Name/Signature" block.
- ii) Save the Maxiflex Pay Period Time Sheet in the designated Shared Drive location or other designated electronic file.

2) Filling Out the Actual Work Schedule

- a) Fill out the bottom Actual Work Schedule section on a daily basis during the pay period.
- b) Enter the time that you actually arrived each day in the "In" block.
- c) Enter the time that you actually departed each day in the "Out" block.
- d) Enter any leave used or credit hours worked in the appropriate box.
- e) Use the Actual Work Schedule section as a reference to complete the official T&A certification in People Plus.
- f) Submit the Maxiflex Pay Period Time Sheet at the end of the pay period to your supervisor (as instructed) using one of the options previously described.

