



ADMINISTRATION  
 ADULT PROGRAMS  
 PUBLIC HEALTH PROGRAMS  
 FAMILY AND YOUTH PROGRAMS  
 DEVELOPMENTAL DISABILITIES

## HEALTH AND HUMAN SERVICES DEPARTMENT

### REQUEST FOR SPECIAL WORK HOURS

NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

Manager/Supervisor criteria when considering schedules are:

1. Operational need for the division
2. Productivity standards
3. Employee preference

#### REQUESTED FLEX SCHEDULE – WEEKLY

DAY OF WEEK	START TIME	LUNCH	END TIME	TOTAL HOURS
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

ADDITIONAL COMMENTS:

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- Request Approved
- TEMPORARY UNTIL \_\_\_\_\_
- REGULAR

Employee expectations when a schedule is set:

1. Management has authority to review and modify the schedule based on the above criteria at any time (by contract 10 days' notice is required unless it's an emergency situation), including reverting to 5, 8-hour shifts if needed.
2. When operational need arises (customer/treatment team only available for a specific meeting), employee will make efforts to be flexible on a day off to accommodate need.

Request Denied: \_\_\_\_\_

*"Flexible schedules shall be considered in good faith by both parties. All schedules are subject to change based on the changing needs of the department, as determined by management." YCEA CBA 2014-17 Section 4.5 subsection (b)*

cc: Personnel File  
 Supervisor