



Flextime Request Form
(To Be Completed By The Employee)

Employee Information:

Name: _____

Position: _____

Department: _____ Manager: _____

Schedule Requested:

Requested Start Date of Flex Time: _____

Requested End Date of Flex Time: _____

Start Time	Length of Meal Period	End Time	Daily Hours Worked

Flextime Arrangement Guidelines and Considerations:

- Employees who would like to be considered for a Flextime arrangement must submit a request form to their Manager. The written request must list the following:
 - The specific hours of work of the Flextime arrangement request
 - The length of time the Flextime arrangement is being requested. The minimum length of a Flextime arrangement is one (1) month, and the maximum length of a Flextime arrangement is six (6) months.
- The decision to allow an Employee to work Flextime will be made by the Employee's Manager with consultation from the Department Director (if required).
- Job descriptions and duties must not be altered – the nature and function of all affected positions must remain intact.
- There can be no increased labour costs and no increased operational costs as a result of the arrangement.
- There can be no change to the current operational hours of the Town.
- Employees with a sixty (60) minute Lunch Period may elect to reduce their Lunch Period to a thirty (30) minute Lunch Period as a Flextime arrangement.
- The Employee must agree to be flexible with their time and adjust hours accordingly to meet business requirements, demands and emergencies
- In the event of a transfer of the Employee to a new position or division, the flexible work arrangement will be cancelled. If the Employee wishes to continue the arrangement in the new position, they must discuss options with their new Manager and resubmit a request form.
- A Flextime arrangement may be terminated at any time by the Town or the Employee with fourteen (14) days notice.
- The arrangement must be expressly renewed with the approval of the Manager, otherwise it will expire as per the documented end date and the Employee will resume their prior work schedule.
- Managers will review requests for Flextime requests, approve or deny based on Division's operational requirements within 14 days.

I, the undersigned employee, fully understand the aforementioned conditions of the flex time arrangement.

(Signature)

(Date)

Manager Approval _____ Approved _____ Denied

(Manager Signature)

(Date)