



# Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov  
*Inclusion through Diversity*

## REQUEST FOR A FLEXIBLE WORK SCHEDULE

**(Submit to Department Head or Supervisor)**

Employees interested in Flexible Work Schedule arrangements must complete this form and present the document to their Department Head/Supervisor for review. Completion of this form is not a guarantee that flexible work schedule arrangements will be approved.

Employee Name: \_\_\_\_\_ Phone (home/work): \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**1. Please state your reason for the need of a flexible work schedule.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Please describe how you will meet you job responsibilities during your proposed flexible work schedule.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Type of Flexible Work Schedule Requested:**

Flexible Work Hours     Compressed Work Week     Reduced Work Hours

**4. Proposed Start Date:**

\_\_\_\_\_

**5. Proposed Flexible Work Schedule:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Hours</b>							
<b>Meal Period*</b>							

**\* Must include a 1/2 hour unpaid meal period for any employee who works a shift of more than 6 hours per NYS Department of Labor.**

**Employee:**

I have discussed the request for a flexible work schedule with my supervisor and understand that this request does not constitute a formal agreement or guarantee that I will be approved for a flexible schedule. I have read the *Tompkins County Administrative Policy: Flexible Work Schedules (03-22)* and understand that flexible schedules are not an entitlement and that it may not be appropriate for every employee, department, and/or position.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Head/Supervisor:**

I have discussed the option of a flexible work schedule with the above-named employee. Based on the review of the position/job responsibilities, performance in their current position, and needs of the department, I have determined that the employee:

- is eligible
- is not eligible

for a flexible work schedule and I have informed the employee of the next steps and outcome of this process.

Department Head/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Human Resources Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_