OPM EMPLOYEE FLEXTIME WORK SCHEDULE

The Standard so				work 40 ho Complete th						iday, with one	
Period from: _		to:	<u> </u>								
Employee Name:				Division:			Unit:				
	Fri.	Mon.	Tues.	Weds.	Thurs.	Fri.	Mon.	Tues.	Weds.	Thurs.	
Arrival:											
Lunch Out:											
Lunch Return:											
Departure:											
Total Hours:											
Note: This work plan will stay in effect until employee requests changes or until agency needs require a change. An employee request change must be submitted ten (10) working days in advance.											
Employee Signature:						Date:					
Supervisor Recommendation (Check one) Approved Disapproved						Division Head Recommendation (Check one) Approved Disapproved					
Supervisor Signature:						Division Head Signature:					
Date:					Date:	Date:					
Comments:					Comr	Comments:					

Please submit the original copy of this form to the Human Resources Unit.

Revised 11/07/14