

# FLEX-TIME APPLICATION

I. Name \_\_\_\_\_ SS# \_\_\_\_\_  
Date Submitted \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
New Request  Changing Request  Canceling Request

II. Explanation of the proposed change to the daily work schedule:

---

---

---

III. This section is to be filled out by immediate supervisor.

Approve  \_\_\_\_\_ Disapprove  \_\_\_\_\_ Revoke  \_\_\_\_\_  
(Date) (Date) (Date)

1. Please explain this flex-time request's impact on office performance, other office staff, and office services provided.

---

---

---

2. If you are disapproving or revoking this employee's flex-time, please explain:

---

---

---

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

Approve  Disapprove  Revoke

\_\_\_\_\_  
Next Level Supervisor Date