

CITY OF CHICO – HUMAN RESOURCES & RISK MANAGEMENT OFFICE

REQUEST FOR FLEXIBLE SCHEDULING

Employee Name: _____

Employee #: _____

Dept/Division: _____

Job Title: _____

New Schedule Begins: _____ (Must be start of a pay period)

EMPLOYEE REQUEST

Old Schedule (See sample on opposite page)

		Bi-Weekly Pay Period														
		Week 1							Week 2							
		Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Total
Work Schedule																
Total Daily Hours																

New Schedule

		Bi-Weekly Pay Period														
		Week 1							Week 2							
		Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Total
Work Schedule																
Total Daily Hours																

I hereby request modification of my work schedule subject to the terms and conditions listed below:

- 1) My schedule change will become effective on the first day of a pay period and must be approved prior to the chosen effective date. Requests will not be approved retroactively.
- 2) If my position is eligible for overtime compensation, I understand the schedule listed above shall become my normally assigned work week for the calculation of overtime eligibility under the Fair Labor Standards Act.
- 3) I understand the City retains the right to cancel my flexible schedule upon thirty (30) days written notice, or to modify my schedule of work hours upon seven (7) calendar days advance notice to me except in the event of an emergency in which case such schedule may be modified immediately.
- 4) I understand if a holiday falls on my regularly scheduled day off, I will observe the Holiday on another day of my choosing as approved by my supervisor (applies to 9/80 schedule).
- 5) Under no circumstance will I “move” my Regular Day Off (applies to 9/80 schedule) to a different day or alter my scheduled hours (even temporarily) without first having a new request form approved. I understand that doing so may result in disciplinary action.

Signed _____

Date _____

DEPARTMENT REVIEW

I have reviewed the above request and recommend:

- Approval
- Approval with the following modifications: _____

- Denial for the following reasons: _____

Signature: _____

Date: _____

PAYROLL REVIEW TO ESTABLISH NEW WORK WEEK

New work week begins on _____ (day of week) at _____ am/pm.

Signature: _____

Date: _____

HUMAN RESOURCES MANAGER REVIEW FOR COMPLIANCE

- Request meets requirements of appropriate MOU/Pay and Benefit Resolutions.
- Request does not meet requirements of appropriate MOU/Pay and Benefit Resolution for the following reason(s): _____

Signature: _____

Date: _____

Sample Schedule

		Bi-Weekly Pay Period															
		Week 1							Week 2							Total	
		Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S		
Work Schedule			7:30 - 5:30	7:30 - 5:30	7:30 - 5:30	7:30 - 5:30	7:30 - 4:30			7:30 - 5:30	7:30 - 5:30	7:30 - 5:30	7:30 - 5:30	7:30 - 5:30	RDO		
Total Daily Hours			9	9	9	9	8			9	9	9	9	9	RDO		80