Employee Flex-Time Agreement

Per the provisions of the CAO Policy 6R, the Flex-Time Policy, an alternate regular work day schedule is arranged by this agreement for the following employee:

Name: _____

Employee Number: _____

Division: _____

Department: _____

The flex-time agreements described below have been entered into voluntarily by both the employee and all of the employee's direct supervisors. This agreement is subject to all provisions of CAO Policy 6R, the Flex-Time Policy and the employee named in this agreement acknowledges by signature having reviewed and understood the policy provisions prior to entering this agreement.

Workday	**Starting Time**	**Lunch Length**	**Ending Time**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Division Director Signature: _____ Date: _____

Commissioner Signature: _____ Date: _____

CAO/Mayor Signature: _____ Date: _____