



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
Hours							
Meal Period*							

* 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: _____