



## Flexible Work Hours Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the following information and return this form to your supervisor for consideration.

Workday	Current Schedule Start Time B End Time	Proposed Schedule Start Time B End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Reason for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I knowlege that I am obligated to abide with the above listed flexible work hour schedule if such request is granted. I further understand that this flexible work hour schedule can be modified, revised, and/or terminated at any time by Dallas County.

\_\_\_\_\_  
Employee Name (*Please print*)

\_\_\_\_\_  
Employee Signature/Date

The proposed schedule change is  *approved*  *not approved*.

\_\_\_\_\_  
Elected Official/Department Head Signature

\_\_\_\_\_  
Department Name