

Sutter County Superintendent of Schools

FLEX SCHEDULE REQUEST/AUTHORIZATION FORM

*This form is to be used by employees who are requesting a flex schedule.
Approved flex schedules must be forwarded to the Human Resources Department.*

Employee Name: _____ Dept: _____

Supervisor Name: _____ Date: _____

Number of hours you are currently scheduled to work per week: _____

Date you would like to start your flex schedule: _____

Reason(s) you are requesting a flex schedule: _____

Fill in all the spaces below for each day you will be working.

Day of the Week	Start Time	End Time	Number of Hours per Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Weekly Hours			

Employee Signature: _____

- Approved**
- Not Approved for the following reason(s):**

Supervisor's Signature: _____ **Date:** _____