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| --- | --- |
| **EMPLOYEE:**  | **EMPLOYEE NUMBER:**  |
| **DEPARTMENT:** | **POSITION TITLE:** |
| **EXEMPTION STATUS:** |  |
| **TELEPHONE:** | **EMAIL:** |

**TO BE COMPLETED BY EMPLOYEE:**

**I AM REQUESTING THE FOLLOWING FLEXIBLE ARRANGEMENT/SCHEDULE**

 **Customized/Non-Standard Arrangements**

 [ ]  Customized/Non-Standard Work Hours

 [ ]  Adjusted Meal Period

 [ ]  Other (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **Compressed Work Weeks**

 [ ]  4/40 Compressed Schedule

 [ ]  4.5/40 Compressed Schedule

 [ ]  9/80 Compressed Schedule

 [ ]  Other (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**All flexible work arrangements/schedules must be in compliance with the following guidelines:**

* Flexible Work Arrangements/Schedules are not an entitlement nor are they classified as a benefit and can be altered or terminated at any time pursuant to business needs. At any point, the respective Department will assess the success of these alternative work arrangements/schedules, and determine whether this program has sustainability in long-term workforce strategy planning.  Abuse of flexible work arrangements/schedules may result in loss of the privilege.
* Each Department may establish core working hours/days where it is compulsory for compressed work week employees to be in the office (e.g. employees are required to be in the office from the hours of 10:00 a.m. and 2:00 p.m., may be required to be in the office every Tuesday and Thursday, etc.).
* Full-time employees, whether on customized or compressed scheduling, are required to take an unpaid meal period of at least thirty (30) minutes.
* Non-exempt employees mustbe scheduled to work a minimum of forty (40) hours each week and any time worked over forty (40) would be subject to overtime. Exempt employees are expected to work whatever number of hours is required to meet the expectations of their jobs.
* Breaks cannot be utilized to extend the meal period or extend or shorten the work day. Breaks may not be "saved" to shorten the employee's workday, to extend meal periods, or to alter the work schedule in any way.
* Occasions may arise when flexible work schedules must be temporarily suspended because of departmental work load, vacations, or other reasons. When this occurs, the department should give employees as much advance notice as possible.
* An employee utilizing sick, vacation, or paid time off must request and use applicable accrued leave in compliance with City of Little Rock policy and departmental procedures. Managers should be careful to confirm the number of hours of leave taken in light of the longer day worked. For example, an employee on a 4/40 compressed work week who needs to take a day of leave is taking ten (10) hours of leave, as opposed to an employee on a regular work week who is taking eight (8) hours of leave.
* No exempt or non-exempt employee is eligible for more than eight (8) hours of holiday pay per holiday. If the holiday falls on the employee’s regularly scheduled work day, the employee will be credited with eight (8) hours of holiday pay for that day. Non-exempt employees may use annual leave to maintain their hours of pay for that day, or they may opt to work additional hours sometime during the work week. For exempt employees, managers need to take into consideration the exempt employee’s status of “paid to get the job done” when determining whether the exempt employee needs to utilize annual leave for the difference between the hours of holiday pay and their typical hours for that day.

I, the undersigned employee, fully understand the aforementioned guidelines of the flexible arrangements/schedule.

**Employee Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION**

**SUPERVISOR/MANAGER REVIEW:**

**[ ]  APPROVED [ ]  DENIED**

**COMMENTS:**

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

**Supervisor/Manager Signature: Date: Department Director Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_**

**cc: Employee, Department File, Personnel File**