

# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## FLEX SCHEDULE REQUEST/AUTHORIZATION FORM

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

ID# \_\_\_\_\_

**Request must be approved by direct supervisor at least one day in advance of schedule change.**

### PROPOSED FLEXIBLE WORK SCHEDULE

Why are you submitting a proposal for a flexible work schedule? How will your proposed schedule sustain or enhance your ability to get your job done? Consider the impact of your flexible work schedule on customers, coworkers, managers, and your department. Attach an additional sheet if needed.

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*A 30-minute lunch **must** exist in any proposal; lunches cannot be eliminated.*

Current Schedule	Requested Flex Date	Proposed Flex Work Schedule	Total Flexed Hours	Rescheduled Date	Rescheduled Work Hours	Remaining Hours

*Schedule change(s) must be requested/fulfilled within a single work-week only, not the pay period.  
Submit approved request form with appropriate pay period timesheet.*

I certify that my work can be completed within the schedule set forth above with no loss of customer service or disruption to others in my department or in the department's operations. I understand that my supervisor or department head may require me at any time for any reason to return to the regular work schedule. I agree to do so upon request.

\_\_\_\_\_  
*Employee's signature*

\_\_\_\_\_

**For Supervisor:**

*Date*

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Approved with Modifications\*** (note below) \_\_\_\_\_ **Not Approved**

\* Applicable modifications to requested flexible work schedule:

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*Supervisor signature*

\_\_\_\_\_ *Date*

Human Resources Services

Phone: (321) 633-1000, ext. 11200 • FAX: (321) 633-3525