

**PERSONALIZED AND FLEXIBLE WORK SCHEDULE
AGREEMENT**

Employee Name _____

County Name _____

County Number _____

I agree that a flexible, personalized work schedule is a privilege which requires written approval from my supervisor and/or PVA. I also agree that any abuse of this privilege as determined by the PVA may result in revocation of the privilege and resumption of regular work hours for a period to be determined by the PVA.

Option: _____ (Select One)

- A. Regular Work Hours (8:00 a.m. to 4:30 p.m.)
- B. Five-Day Workweek with Flextime (7.50 hours between 7:00 a.m. and 7:00 p.m.)
- C. Compressed Week (4 1/2 days) (Between 7:00 a.m. and 7:00 p.m.)
- D. Four-Day Workweek (Between 7:00 a.m. and 7:00 p.m.)
- E. Five-Day/Four-Day Biweekly Schedule (Between 7:00 a.m. and 7:00 p.m.)

Day	Hours		Week No. 2 (Option E)		
Monday	_____	_____	Monday	_____	_____
Tuesday	_____	_____	Tuesday	_____	_____
Wednesday	_____	_____	Wednesday	_____	_____
Thursday	_____	_____	Thursday	_____	_____
Friday	_____	_____	Friday	_____	_____
Saturday	_____	_____	Saturday	_____	_____
Lunch	_____	_____	Lunch	_____	_____

I understand that this work schedule will continue until changed by the PVA or me. ***No employee changes can be made except on a quarterly basis.**

Agreed _____
Employee

Date _____

Approved/Entered ETS-PVA _____
PVA

Date _____

Agreed/Confirmed _____
PVA Administrative Support Branch

Date _____

*On holiday weeks, except for "two-day holidays" (Thanksgiving, Christmas and New Years), an employee may work extended hours with their supervisor's approval. If the holiday falls on the employee's scheduled "flex" day off, the employee may choose another day/days that week for his/her "flex" day. Any compensatory hours that should have been earned during that week to cover the "flex" day off must be worked on another day during that same work week. **When a "two-day holiday" occurs, all employees must work either Option A or B (detailed on Attachment A).**