Flexible Hours Work Schedule Agreement

Employee Name:			
Job Title:	-		
Department:	-		
Manager/Supervisor:			
Agreement Start Date:	-		
Agreement End Date:	-		
Flexible Work S	chedule		
Standard Hours per Week:			
Proposed Working Day	s:		
Proposed Working Hou	ırs:		
Core Hours Required:	-		
Agreement Terr	ns		
Approval			
Employee Signature			
Date			
Manager/Supervisor Sign	ature		
Date			