



Request for Flexible/ Adjusted Work Schedule

Name _____

Department & Building _____

Current Schedule _____

Proposed Schedule _____

School Year

Summer

Start Date _____

End Date _____

Reason for Your Request

Briefly describe how this schedule change affects your daily tasks. How do you plan to manage your responsibilities (e.g., meetings, deadlines, team communication, or coverage).

Per the Professional Staff Master Agreement, employees must continue to serve student needs and attend required staff meetings, even if they fall outside of this adjusted schedule.

How would this arrangement better serve the people you serve?

How might this impact interaction with co-workers, students, and other agencies?

I understand that approval of flexible work schedules (“flextime”) is granted at the sole discretion of Berrien RESA. Such approvals are subject to ongoing organizational needs and may be modified or revoked at any time, with or without notice, at Berrien RESA’s discretion. Nothing in this policy creates or implies a contractual right to continued flex time arrangements.

Employee Signature: _____ Date _____

OFFICE USE

Approved Not Approved _____
Supervisor’s Signature *Date*

<i>Notes:</i>	
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Approved Not Approved _____
Director’s Signature *Date*

<i>Notes:</i>	
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Approved Not Approved _____
Human Resources Signature *Date*

<i>Notes:</i>	
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