Voluntary Flexible Work Hours Agreement

About this form: This form is used by an employee when requesting flexible work hours. Flexible work hours are defined as the employee’s ability to shift their work hours outside of their normal work schedule or split their work shift. This form only needs to be completed if you are expecting to work between the hours of 6 p.m. and 6 a.m., a schedule with 4 hours between a split shift during the day, or on a scheduled day off.

Employee: Complete this form and have your supervisor sign electronically. Submit to your assigned [Human Resource Business Partner](https://des.wa.gov/services/hr-finance/small-agency-services/small-agency-financial-services/agency-assignments) via email when complete.

Employee Name:       Effective Date: Click here and choose effective date

# The agreed upon flexible work arrangements are described as follows:

**My regular assigned work schedule is:**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| --- | --- | --- | --- | --- | --- | --- |
| ex: off | ex: 8am-5pm | ex: 8am-5pm | ex: 8am-5pm | ex: 8am-5pm | ex: 8am-5pm | ex: off |

**My expected flexible window is:**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| --- | --- | --- | --- | --- | --- | --- |
| ex: off | ex: 7am-12pm ; 5pm-7pm | ex: 7am-12pm ; 5pm-7pm | ex: 7am-12pm ; 5pm-7pm | ex: 7am-12pm ; 5pm-7pm | ex: 7am-12pm ; 5pm-7pm | ex: off |

Click or tap here to enter text.

By signing below, I am acknowledging I am voluntarily requesting flexible work hours and understand that by doing so, I am not eligible for shift premium **If WFSE represented employee:** per Article 42.19 Section G of the Understanding Between the State of Washington and the Washington Federation of State Employees. **If non-represented employee:** per WAC 357-28-190 (9). In addition, I am not eligible for overtime pay for working on a scheduled day off under WAC 357-28-255 (C), unless assigned to do so by my employer.

I acknowledge this agreement will remain in effect indefinitely unless modified or terminated by my agency or the employee. If either the agency or the employee intends to terminate this agreement, a minimum of 7 business days’ written notice will be provided. This agreement may be reviewed at any time if requested by either party.

I acknowledge this agreement is subject to the employee satisfying the following conditions on a continuing basis:

* The employee shall perform all duties at a satisfactory performance level.
* The employee’s work schedule does not eliminate the ability to have interactions with their supervisor, co-workers, or customers.
* The employee’s work schedule does not eliminate the ability of other agency employees to perform their jobs.
* The employee will remain reasonably accessible to co-workers scheduled to work during the employee’s regularly scheduled hours.
* The employee’s paid leave will be earned and used in the same manner as prior to this flexible work arrangement agreement and subject to all other applicable agency leave policies.
* All of the employee’s obligations, responsibilities, and terms and conditions of employment with the agency remain unchanged, except those specifically changed by this agreement. Any noncompliance with this agreement by the employee may result in modification or termination of the flexible work arrangement established by this agreement.

I have read and understand this agreement and all its provisions. By signing below, I agree to be bound by its terms and conditions.

Employee Signature:       Date Signed:

Supervisor Signature:       Date Signed:

cc: DES Payroll

Employee Personnel File