

**CITY OF CHICO -OFFICE OF HUMAN RESOURCES & RISK MANAGEMENT
REQUEST FOR FLEXIBLE SCHEDULING**

Employee Name: _____ Job Title: _____

Department/Division: _____

EMPLOYEE REQUEST

I hereby request modification of my daily work hours for the period specified, as follows: _____

For the following purpose: _____

I understand the City retains the right to modify my daily work hours back to my previous work hours, or to some other schedule of work hours, upon seven (7) calendar days advance notice to me, except in the event of an emergency, in which case such work hours may be modified immediately.

Signature

Date

DEPARTMENT REVIEW

I have reviewed the above request and recommend:

- Approval
- Approval with the following modifications: _____

- Denial for the following reasons: _____

Signature

Date

DIRECTOR OF HUMAN RESOURCES & RISK MANAGEMENT REVIEW FOR COMPLIANCE:

- Request meets requirements of appropriate MOU/Pay and Benefit Resolution and Administrative Procedure and Policy 13-4.
- Request does not meet requirements of appropriate MOU and Administrative Procedure and Policy 13-4 for the following reason(s): _____

Signature

Date

CITY MANAGER APPROVAL/DENIAL:

- Request Approved
- Request Approved with the following modifications: _____

- Request Denied for the following reasons: _____

Signature

Date

Original: P-EF, BEN.A.12 Copy: Employee, Department Head