

**COLLEGE OF THE NORTH ATLANTIC
REQUEST FOR FLEX TIME AGREEMENT**

I, _____, wish to participate in a Flex Time Agreement, in accordance with **Article 14.01(c) of the Support Staff Agreement** and Human Resources Flexible Work Arrangements Operational Policy & Procedures.

This agreement is subject to the following conditions:

- < The hours worked each day must total 7 or the normal hours per day applicable to position (7.5/8 respectively for employees working 37.5/40 hours per week).
- < The official start of the work day cannot commence **before 7 am**, but must occur by **10 am**.
- < The official finish of the work day cannot occur **until 3:30 pm** but cannot **exceed 7 pm**.
- < Start and finish times must coincide with half-hour intervals, (ie, 7:45 am start or 3:45 pm finish are not options).
- < Each employee must be at work during the core hour period (**10 am until 3:30 pm**) with the exception of their lunch break.
- < The lunch break must occur in continuous intervals of either 0.5, 1.0 or 1.5 hours during the period 11 am through 2 pm. There must be a minimum of a half hour lunch break.
- < Coffee breaks cannot be incorporated.
- < Flex Time may not be available during the period in which summer hours are being observed.
- < Once the flex-time agreement is established, it may remain in effect in accordance with conditions noted in the Flexible Work Arrangements Operational Procedures.
- < This agreement is provided to the employee according to the position currently occupied. Should the position change, then the flex time agreement must be renegotiated. It is understood that this type of change may result in the flex-time agreement becoming unavailable.
- < Approval is subject to operational requirements. Service to learners, employees or the public must not be affected. Based on this the supervisor may modify or discontinue the flex time agreement immediately.
- < Requests must be submitted on this form and are subject to the support of the immediate supervisor and approval of the Manager of Compensation and Benefits.

Understanding these conditions and agreeing to adhere to them, I wish to establish the following work schedule (please indicate your choice below):

Regular schedule: Start time: _____ am, finish time _____ pm, with _____ hour lunch break
Flex Time Schedule:
Start time: ___7am ___7:30am ___8am ___8:30am ___9am ___9:30am ___10am
Lunch break: from _____ to _____ (___ hour(s))
Finish time: ___3:30pm ___4pm ___4:30pm ___5pm ___5:30pm ___6pm ___6:30pm ___7pm
This work schedule will be in effect from _____ to _____

Applicant:
Name (Print): _____
Signature: _____
Date: _____

Supervisor:
Name (Print): _____
Signature: _____
Date: _____

Final Approval - Manager of Compensation & Benefits (Or Designate):
Signature: _____

Date: _____