

**Indian Affairs
Flexitime (Gliding Schedule) Work Schedule Agreement**

Employee Name: _____

Position Title/Series/Grade: _____

I am requesting to work Flexitime. My flexible arrival time band would be from _____ a.m. to _____ a.m., and my flexible departure time band would be from _____ p.m. to _____ p.m. I understand that I may not arrive earlier than the beginning of the arrival band nor depart later than the end of the departure band. I may take a flexible lunch with my supervisor's approval between the hours of _____ a.m. and _____ p.m.

Core hours for in person days for the National Capital Region (NCR) are 10:00 a.m. to 2:00 p.m. on Monday through Friday. Core hours for in person days in all other locations are 9:30 a.m. to 3:30 p.m. For all employees teleworking or working remotely, the core hours are 9:30 a.m. to 3:30 p.m. Additional information on core hours in the NCR is found here:
<https://doimsp.sharepoint.com/sites/OneINTERIOR/SitePages/Working-in-the-National-Capital-Region.aspx?CT=1712602783083&OR=OWA-NT-Mail&CID=45655385-c649-b95f-5df3-3d61d9073935>

I understand that I am required to be present at work on each of the ten workdays of the pay period and during core time as indicated above, or I must account for my absence with compensatory time off, credit hours, or other appropriate leave or excused absence.

I have read, understand, and agree to all the provisions of the Indian Affairs AWS and other Time and Attendance policies that are applicable to the work schedule I have requested. I understand that Flexitime is a privilege and as such I have no inherent right to a Flexitime schedule, and that the approval of my Flexitime request is at the sole discretion of my supervisor.

I understand that I may be requested to arrive at an alternative or a specific time on occasion, when necessary to provide office coverage, attend meetings, training, or conferences; and that when requested, I must comply.

I understand that I will not be paid for work in excess of eight hours on any workday unless I am authorized and approved to perform credit hours, or ordered to work overtime.

Employee Signature: _____ Date: _____

_____ Approved

_____ Not approved

Supervisor Signature: _____ Date: _____

Second Level Supervisor Concurrence: _____ Date: _____

(Only for "Not approved", and the reason must be articulated to the employee in writing. You may attach the explanation to this agreement.)