

PUTTING EDUCATION FIRST PROGRAM

Contact information:

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REQUEST FOR EDUCATION FLEXTIME

Instructions:

1. Employee completes **Section A**, and then forwards form to appropriate supervisor or signature authority who approves leave.
2. Supervisor or signature authority approves by signing in **Section B**, then returns form to employee.
3. Employee retains the original signed request form and submits a copy with timecard to division/department timekeeper or payroll clerk.

Section A: Employee request information

Employee: _____ Date: _____

Agency/Dept/DIV: _____ Section: _____

In accordance with the Education Flextime Policy, Executive Order 4, and the revised code of Indianapolis and Marion County Section 291-215, **the above employee requests Education Flextime for the following time period:**

_____ (Date) from _____ to _____ (Time)

Federal law requires non-exempt employees to identify when flextime will be “made up” during the same workweek. Pursuant to that requirement, I am a non-exempt employee. Yes___No___ (check one) Time will be made up on:

_____ (Date) from _____ to _____ (Time)

The time will be used to attend a parent-teacher conference. Yes___No___ (check one)

If no, describe the activity: _____

School/School District Information

Name of school or school district: _____

Contact Name: _____ Phone Number _____

Employee Acknowledgement

By signing below, I understand that this is a request to rearrange my regular work schedule and is subject to approval from my direct supervisor, county agency head, administrator, and/or department director. I have read and understand the Education Flextime policy and have not exceeded the amount of flextime hours allowed for the current time period.

EMPLOYEE SIGNATURE

DATE

Section B: Request approval by appropriate authority

SUPERVISOR SIGNATURE

DATE

DEPARTMENT DIRECTOR SIGNATURE (if required)

DATE

Return this form to employee.