

**PERSONALIZED WORK SCHEDULE  
AGREEMENT**

Employee Name \_\_\_\_\_

County Name \_\_\_\_\_

County Number \_\_\_\_\_

*I agree that a flexible, personalized work schedule is a privilege which requires written approval from my supervisor and PVA. I also agree that any abuse of this privilege as determined by the PVA may result in revocation of the privilege and resumption of regular work hours for a period to be determined by the PVA.*

Option: \_\_\_\_\_

A. Regular Work Hours (8:00 a.m. to 4:30 p.m.)

B. Five-Day Workweek with Flextime (7.50 hours between 7:00 a.m. and 7:00 p.m.)

<b>Day</b>	<b>Hours</b>	
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Lunch	_____	_____

I understand that this work schedule will continue until changed by the PVA or me. No employee changes can be made except on a quarterly basis.

Agreed \_\_\_\_\_ Date \_\_\_\_\_  
Employee

Agreed \_\_\_\_\_ Date \_\_\_\_\_  
First Line Supervisor/ Timekeeper

Agreed \_\_\_\_\_ Date \_\_\_\_\_  
PVA