

Wyoming Department of SPCR

Maxi-Flex Request Form

All maxi-flex arrangements are temporary and will be evaluated every 90 days to determine the impact. Any adjusted work schedules are required to be monitored internally within the Section by the Section Supervisor. This schedule will not go into effect until all required signatures have been received in approved status.

Employee Name: _____ Section: _____

Signature: _____ Date of Request: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	7:30 AM – 5:00 PM	7:30 AM – 5:00 PM	7:30 AM – 5:00 PM	7:30 AM – 5:00 PM	8:00 AM – 5:00 PM
Lunch					
Week 2	7:30 AM – 5:00 PM	7:30 AM – 5:00 PM	7:30 PM – 5:00 PM	7:30 AM – 5:00 PM	Off
M – TH includes a one-half (1/2) hour lunch, Friday includes one (1) hour lunch.					

Authorizations

Supervisor Comments:

☐ Approved _____
☐ Disapproved _____
Supervisor
Date

☐ Approved _____
☐ Disapproved _____
Administrator
Date

☐ Approved _____
☐ Disapproved _____
Human Resources
Date