

PROPOSED FLEXIBLE HOURS SCHEDULE

Support Staff

NAME(s): (please print)	SIGNATURE(s):
--------------------------------	----------------------

EFFECTIVE DATE:

CORE HOURS: (if applicable)

2 week, 9 day cycle

2 week, 8 day cycle

2 week, 10 day cycle

(Mark one only. If uncertain, the 2-week, 10-day cycle will be applied.)

Administrator: _____

_____ Date

Approved by: _____

Human Resources Representative

_____ Date

BCGEU Chair

_____ Date

○ Please return this schedule to the Human Resources Department for approval and distribution of copies to:

- Administrator
- Employee
- BCGEU Chair
- Payroll