

**BERRIEN REGIONAL EDUCATION SERVICE AGENCY  
FLEX TIME  
REQUEST FOR ADJUSTED SCHEDULE**

Employee: \_\_\_\_\_

Department \_\_\_\_\_

Building: \_\_\_\_\_

Current Schedule: \_\_\_\_\_

Requested Adjusted Schedule: \_\_\_\_\_

Period of Time for New Schedule: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Request:

Briefly describe how your adjusted schedule will impact your work responsibilities, and how these responsibilities can be met:

\*Employees shall continue to serve the needs of the students beyond the times designated above and also attend staff meetings which extend beyond the end of the working day per the Master Agreement.

Employee Signature: \_\_\_\_\_

Approved/Not Approved: \_\_\_\_\_  
*Supervisor* *Date*

\* Professional Staff only

Human Resource Office:           Approved/not Approved