

SOUTHWEST TENNESSEE COMMUNITY COLLEGE

SUBJECT: Flex Time

EFFECTIVE DATE: July 1, 2000

The following flex-time policy of Southwest Tennessee Community College applies to non-faculty employees of the college.

Upon review and approval by the appropriate line of management/supervision and with final approval of the President or his/her designee, flex work schedule employees of the college may elect to work a flexible work schedule. (Attachment F) All eligible full-time employees will continue to work 7.5 hours per day for a total of 37.5 hours per week.

Eligible employees will be allowed flexibility in selecting a time to report to work. Once an employee makes a selection, he/she must adhere to the agreed schedule. Any changes to the agreed flexible work schedule, including a return to the normal 8:00 a.m. to 4:30 p.m. work day, must also be approved as outlined above. All other work hours, attendance, tardiness, compensatory time, and leave usage/accrual policies will remain in effect. The employee's immediate supervisor will ensure that the flexible work schedule is strictly followed. In the event that the employee does not adhere to the agreed upon flex work schedule, the supervisor has the right to revoke the flexible work schedule.

As with normal work hours, approved flexible schedules may be adjusted to meet the needs of the students and/or the college during registration, graduation, and/or other events.

Source of Policy: Transition Team VII
Human Resources

Related Policy: N/A

Approved: President

**Responsible Vice President for Business,
Administrator:** Finance & Info Systems

TBR Policy Reference: 5:01:00:00

TBR Guideline Reference: P-020

Date: July 1, 2000

ATTACHMENT F

SOUTHWEST TENNESSEE COMMUNITY COLLEGE

Request Form for Flexible Work Schedule

Memorandum

TO: _____, **President**

FROM: _____, **Department**

SUBJECT: **Request for Flexible Hours**

DATE: _____

I hereby request the following flexible work schedule. This change will commence the week of _____.

Days of the Week	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Signature of Requesting Employee

Date

Approved (Immediate Supervisor)

Date

Provost/Vice President

Date

President

Date