

ADDITIONAL INFORMATION REGARDING MY REQUEST FOR A FLEXIBLE SCHEDULE (PAGE 1 OF 2)

Name : _____ Employee Number : _____

Date of the request : _____

Here are additional details concerning my request for a flexible schedule :

1. Schedule requested : Distribution of the schedule requested over : (check ☒ 9 days ☐ 8 days

	Start time	Ending time	Meal time	Length of Meal time*	Hours / Minutes of work
WEEK 1					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
WEEK 2					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

TOTAL HOURS WORKED DURING THE PAY PERIOD : _____

* Article 9.3 Local Provisions (APTS): The time allowed for the meal period is a minimum of a half (1/2) an hour and a maximum of one (1) hour.

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Employee Number : _____

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2. I would like to request authorization for the option checked (v) below, for the pay periods during which I benefit from a public holiday or a day of vacation :

☐

Suspension of the work time arrangement with a return to the regular work schedule for the entire pay period.

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Maintain the work time arrangement and make up for the hours missed during the day off during the other eight or seven work days of the period, in order to reach the total number of hours scheduled for my position. However, if I take two (2) statutory holidays and/or vacation days during the pay period, the flexible schedule will be suspended. Any statutory holiday must be taken based on the number of hours scheduled for a regular work day.

Please communicate with me to respond to these two (2) points above which are part of my request.
