

St. Clair County Community Mental Health Authority

Variable Work Schedule

Board Administration
3111 Electric Ave.
Port Huron, MI 48060-5416
(810) 985-8900

M E M O R A N D U M

TO: _____, Supervisor

FROM: _____

DATE: _____

SUBJECT: Request for Variable Schedule

The purpose of this memo is to confirm our recent discussion regarding my request for approval to work a variable schedule. My variable schedule is effective _____ (Start Date) through _____ (End Date). I understand that failure to resubmit a request prior to _____ Will result in termination in termination of variable schedule and revert to a regular working schedule. Further, I understand that this requested variable schedule may be terminated at any time to meet program coverage needs at the Supervisor's discretion.

APPROVED ☐

APPROVED AS MODIFIED ☐

DENIED ☐

Supervisor Signature

Date

St. Clair County Community Mental Health Authority
Variable Work Schedule

NAME: _____ PROGRAM: _____

VARIABLE SCHEDULE— Generally my working hours would be as defined below. By choosing this option, I understand that the week's total cannot exceed forty (40) hours or be less than thirty-five (35) hours. I will make every attempt to adjust excess hours worked so as not to work over forty (40) hours in any given week or seventy-five (75) in a pay period. The variable schedule may vary on a weekly basis. I must work seventy-five (75) hours in a pay period prior to earning overtime. I do agree to notify you if any significant deviations to my "general working hours" occur and to obtain prior approval to accrue overtime.

Variable Schedule	Lunch	Total Hours
EXAMPLE: M 8:00AM – 4:00 PM	.5	7.5
My Schedule Week #1		
M		
T		
W		
Th		
F		
WEEK 1 TOTAL HOURS		
My Schedule Week #2		
M		
T		
W		
Th		
F		
WEEK 2 TOTAL HOURS		

NOTE: Break/lunch is mandatory as defined in union contract and agency policy.

Employee Signature Date

Supervisor Date

cc: Personnel File