



GOVERNMENT OF PRINCE EDWARD ISLAND

APPLICATION TO WORK FLEX HOURS

Applicant Name	
Address	
Department	
Division/Section	
Working Title	
Position #	
Employee #	
Work Phone #	
Home Phone #	
Flex Hours Requested	
Start/End Dates for Flex Hours	
Rationale for Request	
Employee's Signature	
Date of Request	

Supervisor's Signature:		Date:	
Director's Signature:		Date:	
HR Manager's Signature:		Date:	
Approved ☐ Denied ☐	CEO/ DM Signature:	Date:	
Notes:			