

Proposed Schedule Letter _____ (See Flex Schedule Grid on City Network)

WEEK #1

	Sun.	Monday	Tues.	Weds.	Thurs.	Friday	Sat.
Start / Stop Times							
Lunch Start/ Stop							
Total Hours Work							

WEEK #2

	Sun.	Monday	Tues.	Weds.	Thurs.	Friday	Sat.
Start / Stop Times							
Lunch Start/ Stop							
Total Hours Work							

Department Review and Approval By:

_____ DATE _____

City Administrator Review and Approval:

_____ DATE _____