

Mississippi Department of Education
Work Schedule Request Form

Name: _____

Date: _____

Position: _____

Office/Department: _____

Flexible Working Schedule Requested

- 7:30 am - 4:30 pm w/1hr lunch
- 8:00 am - 5:00 pm w/1hr lunch
- 8:30 am - 5:30 pm w/1hr lunch
- 7:30 am - 4:00 pm w/30min lunch
- 8:00 am - 4:30 pm w/30min lunch
- 8:30 am - 5:00pm w/30min lunch

Employee (Print Name)

Signature & Date

Supervisor (Print Name)

Signature & Date

Chief (Print Name)

Signature & Date

Approved _____

Disapproved _____