

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

_____ Lunch Period (60 minutes)

_____ End Time

Employee (Print Name)

Signature & Date

Signature & Date

Approved/Disapproved _____
(Please Circle) Signature & Date

Office Director (Print Name)

Approved/Disapproved _____
(Please Circle) Signature & Date