

## Capital Development Board Child Care Flex Time Report

### Section 1

As Executive Director of the Capital Development Board, I am committed to providing a work place that allows employees with childcare responsibilities the flexibility of choosing non-standard work hours.

New employees are informed of Flex Time and 9 Day Schedule Options during orientation on their first day of work. It is the responsibility of the employee to notify his/her immediate supervisor of the need for a flexible schedule. Additionally, supervisors must ensure that all requests are given equal consideration before a determination is made.

The Capital Development Board's Personnel Staff is available to assist employees and to advise them of any changes to the policy.

### Section 2

Debbi Denzler, CDB's Personnel Administrator, and Wanda Trumbo, Human Resource Specialist, are responsible for implementing and monitoring the plan. Debbi can be reached by phone at (217) 782-7222, or via e-mail at [Debbi.Denzler@illinois.gov](mailto:Debbi.Denzler@illinois.gov) and Wanda can be reached by phone at (217) 524-7510, or via e-mail at [Wanda.Trumbo@illinois.gov](mailto:Wanda.Trumbo@illinois.gov).

### Section 3

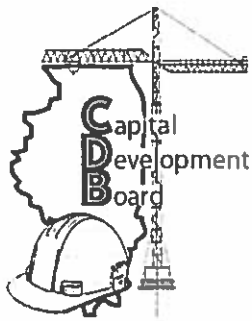
Attached please find the standard flex schedule options. Other schedule requests are considered on individual basis.

### Section 4

Flexible work schedules and 9 Day Schedules will continue to be available to Capital Development Board employees.

  
\_\_\_\_\_  
Amy Romano, Executive Director

  
\_\_\_\_\_  
Date



# REQUEST FOR NINE DAY WORK SCHEDULE

TO: \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 UNIT: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Nine Day Work schedule: Where hours worked add up to 75 over a two-week period. Consists of four 8.5 hour shifts and one 7-hour shift in the first week, followed by four 8.5 hour shifts and one-day off in the second week. Subject to approval of Executive Director. Employees on the alternate work schedule including the 9-day schedule, Flextime schedules, and half hour lunch options, are expected to adhere to CDB rules and policies with regards to hours of work, scheduled start and stop times, and lunch breaks. Abuse of the 9-day schedule and/or half hour lunch options may result in an involuntary return to the standard 5 day/1-hour lunch schedule.

Signature: \_\_\_\_\_

Desired effective date (Must start on a Monday): \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Monday or Friday**  
 Day off/Short Day: Choose one

Hours of Work @ Present Time

Date of First Schedule Day Off: \_\_\_\_\_

**1-hour Lunch Options**

**1/2-hour Lunch Options**

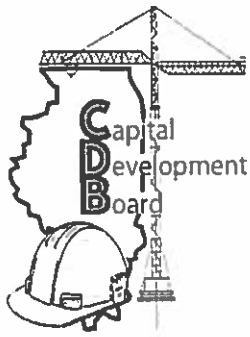
	START	END	SHORT DAY
	7:00 AM	4:30 PM	7:00 am-3pm
	7:30 AM	5:00 PM	7:30 am-3:30 pm
	8:00 AM	5:30 PM	8:00 am-4 pm
	8:30 AM	6:00 PM	8:30 am -4:30 pm

	START	END	SHORT DAY
	7:00 AM	4:00 PM	7:00 am-2:30 pm
	7:30 AM	4:30 PM	7:30 am- 3 pm
	8:00 AM	5:00 PM	8:00 am-3:30 pm
	8:30 AM	5:30 PM	8:30 am-4 pm

The Nine Day Work Schedule checked above, if approved, would best meet my needs for the following reason(s):

\_\_\_\_\_

	<u>Date Approved</u>	<u>Date Denied</u>	<u>Initials</u>
Supervisor:	_____	_____	_____
Administrator:	_____	_____	_____
Deputy Director:	_____	_____	_____
Executive Director:	_____	_____	_____
Timekeeper Entry:	_____	_____	_____



## REQUEST FOR FLEX HOURS SCHEDULE

TO: \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 UNIT: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Flex Hours Schedule: I am requesting consideration and approval to participate in the flexible hours work schedule program. I understand that this request may be denied because certain program areas and operations by nature of their responsibilities and personnel services to other agencies cannot accommodate a flexible hour's schedule. I understand that flex-time privileges may be withdrawn if I abuse the flexible hours work schedule through tardiness, early departure or deterioration of work performance.

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

(CHECK ONE) FLEX HOURS

	START	END
<input type="checkbox"/>	7:00 AM	3:30 PM
<input type="checkbox"/>	7:15 AM	3:45 PM
<input type="checkbox"/>	7:30 AM	4:00 PM
<input type="checkbox"/>	7:45 AM	4:15 PM

Normal Work Hours

	START	END
<input type="checkbox"/>	8:00 AM	4:30 PM
<input type="checkbox"/>	8:15 AM	4:45 PM
<input type="checkbox"/>	8:30 AM	5:00 PM
<input type="checkbox"/>	8:45 AM	5:15 PM
<input type="checkbox"/>	9:00 AM	5:30 PM

\*1/2 hour Lunch Schedule is required \_\_\_\_\_

The Flexible Work Schedule checked above, if approved, would best meet my needs for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_

	<u>Date Approved</u>	<u>Date Denied</u>	<u>Initials</u>
Supervisor: _____	_____	_____	_____
Administrator: _____	_____	_____	_____
Deputy Director: _____	_____	_____	_____
Executive Director: _____	_____	_____	_____
Timekeeper Entry: _____	_____	_____	_____