

ESTABLISHED SCHEDULE:      WEEK 1      WEEK 2

NAME:

ORGANIZATION: CIO

PAY PERIOD ENDING:

M \_\_\_\_\_  
T \_\_\_\_\_  
W \_\_\_\_\_  
T \_\_\_\_\_  
F \_\_\_\_\_

**FLEXIBLE SCHEDULE CERTIFICATION FORM**

DAY	DATE	Arrive	Depart	TIME IN DUTY STATUS				CREDIT HOURS			TIME ABSENT					REMARKS
				REG	OT	COMP	HOL	EARN	USED	BAL	ANN	SICK	COMP	LWOP	OTHER	
SUN																
MON																
TUE																
WED																
THR																
FRI																
SAT																
SUN																
MON																
TUE																
WED																
THR																
FRI																
SAT																
				REG	OT	COMP	HOL				ANN	SICK	COMP	LWOP	OTHER	

SUPERVISOR'S

EMPLOYEE'S

**SIGNATURE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_