

## Appendix 16

### Application for Flexi-Time

Attention all applicants – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may constitute grounds for disciplinary action.

**Date of request:** \_\_\_\_\_  
(applications should be made at least one (1) month in advance)

#### SECTION 1: APPLICANT'S DETAILS

|                   |       |                          |       |
|-------------------|-------|--------------------------|-------|
| Surname           | _____ | Name                     | _____ |
| Ministry / Entity | _____ | Department / Directorate | _____ |
| Grade / Position  | _____ | ID Card No.              | _____ |
| E-Mail Address    | _____ | Office Tel.              | _____ |

**Period of Flexi-Time being requested:** From \_\_\_\_\_ To \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

*(Reason for request is not mandatory, however, it is recommended that a reason is stated as this will assist management in making an informed decision).*

Document(s) supporting request enclosed with application      Yes       No

**SECTION 2: WORK SCHEDULE** (to be agreed between Director/Head of Department and Applicant)

**Winter Work Schedule: 1 October – 15 June**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

Summer Work Schedule **same** as Winter Work schedule.  
(If yes, there is **no need** to fill in the Summer Work Schedule below).

Yes  No

**Summer Work Schedule: 16 June – 30 September**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

**SECTION 3: ENDORSEMENTS**

Approved   
Not Approved  (if not approved please provide reason)

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

**Employee:**

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Director/Head of Department:**

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Head of Department's endorsement is the effective date of agreement.

The information supplied in this application form shall be used exclusively by the employing Ministry for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.