

St. Clair County Community Mental Health  
**Variable Work Schedule**

Board Administration  
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Port Huron, MI 48060-5416  
(810) 985-8900

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M E M O R A N D U M

TO: \_\_\_\_\_, Supervisor

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT: Request for Variable Schedule

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The purpose of this memo is to confirm our recent discussion regarding my request for approval to work a variable schedule. My variable schedule is effective \_\_\_\_\_ (Start Date) through \_\_\_\_\_ (End Date). I understand that failure to resubmit a request prior to \_\_\_\_\_ Will result in termination in termination of variable schedule and revert to a regular working schedule. Further, I understand that this requested variable schedule may be terminated at any time to meet program coverage needs at the Supervisor's discretion.

APPROVED

APPROVED AS MODIFIED

DENIED

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Supervisor Signature

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Date

St. Clair County Community Mental Health  
**Variable Work Schedule**

NAME: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

VARIABLE SCHEDULE– Generally my working hours would be as defined below. By choosing this option, I understand that the week’s total cannot exceed forty (40) hours or be less than thirty-five (35) hours. I will make every attempt to adjust excess hours worked so as not to work over forty (40) hours in any given week or seventy-five (75) in a pay period. The variable schedule may vary on a weekly basis. I must work seventy-five (75) hours in a pay period prior to earning overtime. I do agree to notify you if any significant deviations to my “general working hours” occur and to obtain prior approval to accrue overtime.

Variable Schedule	Lunch	Total Hours
EXAMPLE: M 8:00AM – 4:00 PM	.5	7.5
<b>My Schedule Week #1</b>		
M		
T		
W		
Th		
F		
<b>WEEK 1 TOTAL HOURS</b>		
<b>My Schedule Week #2</b>		
M		
T		
W		
Th		
F		
<b>WEEK 2 TOTAL HOURS</b>		

NOTE: Break/lunch is mandatory as defined in union contract and agency policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

cc: Personnel File