

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH



**FLEXIBLE AND COMPRESSED WORK SCHEDULE PROGRAM
APPLICATION FOR EXEMPTION**

Part I. Instructions

Complete this application requesting exemption from the Flexible and Compressed Work Schedule Program if the implementation of these programs adversely affects the operations of your administration or a unit therein. The request must include a written justification of the business reasons for an exemption. Exemptions have an effective period of six months, beginning on January 1, and July 1, respectively. Exemption requests will be accepted by the Office of the Director up to 30 days prior to the onset of the next exemption period

Part II. Unit Information

Administration: _____

Unit(s): _____

Leave the above line blank if requesting an administration-wide exemption

Exemption Period:

- ☐ January 1 – June 30
- ☐ July 1 – December 31

Part III. Tour of Duty options exempt from employee request

Select all that apply:

- ☐ Flexible Work Schedule Option A
- ☐ Flexible Work Schedule Option B
- ☐ Compressed Work Schedule

Part IV. Justification for Exemption

Please attach a detailed written explanation supporting why this unit must be exempt from the Flexible and Compressed Work Schedule Program. The explanation must establish how participation in the Program interfere with the unit/administration's ability to perform effectively, or to meet specific DOH goals and/or performance benchmarks.

Part V. Impacted Employees

Please attach a list of all impacted employees by name and job title.

Senior Deputy Director Name (printed)

Senior Deputy Director Signature

Date

Office of the Director Approval:

- ☐ I approve the Senior Deputy Director's request for exemption
- ☐ I deny the Senior Deputy Director's request for exemption

Director/Designee Signature

Date

Cc: Department of Health Office of Human Resources
All affected employees in aforementioned list