

Department of Commerce and Economic Opportunity  
Public Act 87-522  
Child Care Flex Time Report

Section 1

It is the policy of this agency to allow flexible hours in accordance with Public Act 87-522. The Agency policy states the Personnel Code authorizes this agency to have “flexible hours.” A flexible hours position is one that deviates from the normal work schedule of 8:30am – 5:00pm.

Section 2

Persons (s) responsibility for implementing the Agency’s plan:

Andria Winters, Acting Director  
Kent Bozarth, Deputy Director, Office of Human Resources

Section 3

This agency currently has thirteen (13) flexible working schedules and seventeen (17) alternate work schedules available to employees. These schedules deviate from the standard operational hours of 8:30am to 5:00pm. The flexible working schedules and alternate work schedules provide opportunities for employees with daycare needs to select work schedules with early or later arrival times, early or later departure times and extended work days for a four (4) day work week. See schedules attached.

Section 4

The agency will continue to offer flexible work schedules to employees to accommodate family needs including daycare outside of the home. There is a need for staff presence during normal working hours in order to effectively serve both our internal and external clients. However, the agency will give priority consideration to accommodate the employee’s family needs as appropriate.

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Andria Winters  
Acting Director



# Illinois Department of Commerce & Economic Opportunity

Bruce Rauner, Governor

## FLEXIBLE HOURS OPPORTUNITY SCHEDULE

Employee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Timekeeper Name: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

I am requesting consideration and approval to participate in the flexible hours work schedule program and have checked the below-listed work hours that would best accommodate my needs. I also 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 hours schedule. I understand that flex-time privileges may be withdrawn if I abuse the flexible hours work schedule through tardiness, extended lunch hours, early departure, or deterioration of work performance.

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

(CHECK ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> A3601 6:30 a.m. - 2:30 p.m. (1/2 hr. lunch) | <input type="checkbox"/> C5008 8:00 a.m. - 4:00 p.m. (1/2 hr. lunch) |
| <input type="checkbox"/> C5022 6:30 a.m. - 3:00 p.m.                 | <input type="checkbox"/> C5028 8:00 a.m. - 4:30 p.m.                 |
| <input type="checkbox"/> C5004 7:00 a.m. - 3:00 p.m. (1/2 hr. lunch) | <input type="checkbox"/> C5012 8:30 a.m. - 4:30 p.m. (1/2 hr. lunch) |
| <input type="checkbox"/> C5024 7:00 a.m. - 3:30 p.m.                 | <input type="checkbox"/> A3508 8:45 a.m. - 4:45 p.m. (1/2 hr. lunch) |
| <input type="checkbox"/> C5006 7:30 a.m. - 3:30 p.m. (1/2 hr. lunch) | <input type="checkbox"/> C5031 8:45 a.m. - 5:15 p.m.                 |
| <input type="checkbox"/> C5026 7:30 a.m. - 4:00 p.m.                 | <input type="checkbox"/> C5013 9:00 a.m. - 5:00 p.m. (1/2 hr. lunch) |
|  | <input type="checkbox"/> C5032 9:00 a.m. - 5:30 p.m.                 |

C5030 I am requesting to go back to DCEO's normal operational hours of 8:30 a.m. - 5:00 p.m.

Justification Required: The above-checked flexible hours schedule, would best meet my needs for the following reason(s):

	Approved:	Disapproved:	Signature:	Date:
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Division Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bureau Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Reason for Disapproval: (to be completed by Supervisor)

CC: Personnel File \_\_\_\_\_  
 Bureau Manager \_\_\_\_\_

For HR Use Only

Date Received: _____
Date Posted: _____



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**NINE-DAY ALTERNATIVE WORK SCHEDULE REQUEST**

To be completed by the employee and submitted to the immediate supervisor

Employee Name (print): \_\_\_\_\_ Bureau/Office: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Schedule Code Requested: \_\_\_\_\_ (Indicate 5-digit code -- i.e. A0011)

Lunch hour requested: \_\_\_\_\_

Justification required: The above-requested schedule would best meet my needs for the following reason(s):

I am requesting approval to participate in the Alternative Work Schedule (AWS) Program. I have read the AWS Policy and understand that this request may be denied. I understand that the Alternative Work Schedule may be terminated due to late arrivals, extended lunch breaks, early departures, deterioration of work performance or insufficient benefit time. I also understand the schedule can be terminated if management determines an essential operational need to terminate the schedule.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<b>Approved</b>	<b>Denied</b>	<b>Signature:</b>	<b>Date:</b>
Supervisor:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Division Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bureau Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If denied, please indicate reason:

Upon completion of this form, please forward to Office of Human Resources.

If approved, you will be notified and given an effective date.

CHECK ONE:

A0011 Week:#1: M, T, W, Th: 7:00am - 4:00pm  
Friday: 7:00am - 2:30pm  
Week #2: M, T, W, Th: 7:00am - 4:00pm  
Friday OFF  
All with ½ hour lunch

A0013 Week:#1: M, T, W, Th: 7:30am - 4:30pm  
Friday: 7:30am - 3:00pm  
Week #2: M, T, W, Th: 7:30am - 4:30pm  
Friday OFF  
All with ½ hour lunch

A0015 Week:#1: M, T, W, Th: 8:00am - 5:00pm  
Friday: 8:00am - 3:30pm  
Week #2: M, T, W, Th: 8:00am - 5:00pm  
Friday OFF  
All with ½ hour lunch

A0017 Week:#1: Monday: 7:00am - 2:30pm  
T, W, Th, F: 7:00am - 4:00pm  
Week #2: Monday: OFF  
T, W, Th, F: 7:00am - 4:00pm  
All with ½ hour lunch

A0019 Week:#1: Monday: 7:30am - 3:00pm  
T, W, Th, F: 7:30am - 4:30pm  
Week #2: Monday: OFF  
T, W, Th, F: 7:30am - 4:30pm  
All with ½ hour lunch

A0021 Week:#1: Monday: 8:00am - 3:30pm  
T, W, Th, F: 8:00am - 5:00pm  
Week #2: Monday: OFF  
T, W, Th, F: 8:00am - 5:00pm  
All with ½ hour lunch

A0027 Week:#1: M, T, W, Th: 8:30am – 5:30pm  
Friday: 8:30am – 4:00pm  
Week #2: M, T, W, Th: 8:30am – 5:30pm  
Friday: OFF  
All with ½ hour lunch

A0012 Week:#1: M, T, W, Th: 7:00am - 4:30pm  
Friday: 7:00am - 3:00pm  
Week #2: M, T, W, Th: 7:00am - 4:30pm  
Friday OFF  
All with 1.0 hour lunch

A0014 Week:#1: M, T, W, Th: 7:30am - 5:00pm  
Friday 7:30am - 3:30pm  
Week #2: M, T, W, Th 7:30am - 5:00pm  
Friday OFF  
All with 1.0 hour lunch

A0016 Week:#1: M, T, W, Th 8:00am - 5:30pm  
Friday 8:00am - 4:00pm  
Week #2: M, T, W, Th 8:00am - 5:30pm  
Friday OFF  
All with 1.0 hour lunch

A0018 Week:#1: Monday: 7:00am - 3:00pm  
T, W, Th, F 7:00am - 4:30pm  
Week #2: Monday: OFF  
T, W, Th, F 7:00am - 4:30pm  
All with 1.0 hour lunch

A0020 Week:#1: Monday: 7:30am - 3:30pm  
T, W, Th, F 7:30am - 5:00pm  
Week #2: Monday: OFF  
T, W, Th, F 7:30am - 5:00pm  
All with 1.0 hour lunch

A0022 Week:#1: Monday: 8:00am - 4:00pm  
T, W, Th, F 8:00am - 5:30pm  
Week #2: Monday: OFF  
T, W, Th, F 8:00am - 5:30pm  
All with 1.0 hour lunch



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**FOUR-DAY ALTERNATIVE WORK SCHEDULE REQUEST**

To be completed by the employee and submitted to the immediate supervisor

Employee Name (print): \_\_\_\_\_ Bureau/Office: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Schedule Code Requested: \_\_\_\_\_ (Indicate 5-digit code -- i.e. A0011)

Lunch hour requested: \_\_\_\_\_

Justification required: The above-requested schedule would best meet my needs for the following reason(s):

I am requesting approval to participate in the Alternative Work Schedule (AWS) Program. I have read the AWS Policy and understand that this request may be denied. I understand that the Alternative Work Schedule may be terminated due to late arrivals, extended lunch breaks, early departures, deterioration of work performance or insufficient benefit time. I also understand the schedule can be terminated if management determines an essential operational need to terminate the schedule.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<b>Approved</b>	<b>Denied</b>	<b>Signature:</b>	<b>Date:</b>
Supervisor:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Division Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bureau Manager:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If denied, please indicate reason:

Upon completion of this form, please forward to Office of Human Resources.

If approved you will be notified and given an effective date.

CHECK ONE:

A0023 Monday: OFF  
T, W, Th: 7:00am to 5:00pm  
Friday: 7:00am to 4:30pm  
All with ½ hour lunch

A0025 M, T, W: 7:00am to 5:00pm  
Thursday: 7:00am to 4:30pm  
Friday: OFF  
All with ½ hour lunch

A0024 Monday OFF  
T, W, Th: 7:00am to 5:30pm  
Friday: 7:00am to 5:00pm  
All with 1.0 hour lunch

A0026 M, T, W: 7:00am to 5:30pm  
Thursday: 7:00am to 5:00pm  
Friday: OFF  
All with 1.0 hour lunch