

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 one year, beginning in January. 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

**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 interferes 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