|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | | |  | | | | | | | | | | Employee No.: | | | | | |  | |
| Division: | |  | | | | | | | | | | | | Date of Request: | | | | | |  | |
| Employee Job Title: | | | | |  | | | | | | | | | Non-Exempt | | | | | | Exempt | |
| **Action Requested** | | | | | | | | | | | | | | | | | | | | | | |
|  | Start Alternative Work Schedule | | | | | |  | | Change Alternative Work Schedule | | | | | |  | | Discontinue Alternative Work Schedule | | | | | |
| **Alternate Work Schedule Option Requested** | | | | | | | | | |  | | | | | |  | | | | | | |
|  | 4/10 Compressed Work week | | | | | | | Exempt or Non-Exempt Staff Option | | | | | | | |  | | |  | | | |
|  | 9/80 Compressed Work Week | | | | | | | Exempt Staff Only | | | | | | | |  | | | | | | |
|  | Other Compressed Work Week | | | | | | | Schedule must adhere to FLSA Regulations | | | | | | | | | | | | | | |
|  | Flexible Work Week (Flextime) | | | | | | | Total work hours: 40 hours per week | | | | | | | |  | | | | | | |
| Requested start date: | | | | | |  | | | | | | Requested end date: | | | | | |  | | | | |
|  | | | | | |  | | | | | |  | | | | | |  | | | | |
| **Requested Work Schedule** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Week 1** | | | | | | | | | | **Week 2** | | | | | | | | | |
| **Day** | | | **Work Time** | | | | | | | | **Lunch (Length)** | | **Work Time** | | | | | | | | **Lunch (Length)** | |
| Sunday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Monday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Tuesday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Wednesday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Thursday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Friday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |
| Saturday | | | **to** | | | | | | | |  | | **to** | | | | | | | |  | |

The employee understands that the approval of any alternative work schedule is conditional and may be revoked by management at any time.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature |  | Date |

**Approval process**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor** |  | Request Approved |  | Request Denied |  |
| Signature: | | | | | **Date:** |
|  | | | | | |
| **Division Head** |  | Request Approved |  | Request Denied |  |
| Signature: | | | | | **Date:** |
|  | | | | | |
| **If request approved,** effective date of Alternative Work Schedule: | | | | | |
| **If request denied, provide and attach written reason for denial.** | | | | | |