



Alternative Work Schedule Request

I request to work the following schedule. The effective date is _____.

- _____ Traditional Schedule M-Fri 8:00-5:00
- _____ Alternative Schedule M-Th 8:00-6:00 Friday 8:00-12:00
- _____ Alternative Schedule M-Th 7:30-5:30 Friday 8:00-12:00

_____ I would like to establish a modified work schedule, in consultation with my supervisor. My hours/days are as follows:

I understand that I will be paid for 8 hours on all paid holidays and must work ahead of time with my supervisor to ensure my alternative work schedule totals 40 hours for any week with one or more paid holidays. For more information about paid holidays, see HR Policy 402.

Employee Signature: _____ Date: _____

Supervisor or Department Head Recommendation (select one):

_____ After considering workload and staffing requirements, I **recommend** approval of this request.

_____ After considering workload and staffing requirements, I **do not recommend** approval of this request.

Other comments:

Supervisor Signature: _____ Date: _____

HR use only.

_____ This request is **approved**.

_____ This request is **not approved**.

Additional comments:
