

# ALTERNATIVE WORK SCHEDULE REQUEST

Name \_\_\_\_\_ Department \_\_\_\_\_

Present workday from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Pass Days \_\_\_\_\_

Option Requested:  Staggered Hours  Flex Time  Compressed Workweek  Compressed Pay Period  
(If other than Sat/Sun)

Under the above option, my proposed work schedule would be as follows:

Time period requested: From: \_\_\_\_\_ through \_\_\_\_\_  
Date Date or Indefinite

**(Note: Compressed workweek or pay period options must begin on the first day of a pay period and end on the last day of a pay period.)**

\_\_\_\_\_  
Signature Date

***This section is required for employees who do not report directly to a management supervisor.***

I have met with the employee and I support this request  do not support this request

Reasons, if not supported \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Date

I  do support this request

I  do not support this request. Reasons: \_\_\_\_\_

\_\_\_\_\_  
Department Supervisor Date

**ALL REQUESTS, WITH OR WITHOUT SUPERVISORY SUPPORT, MUST BE SUBMITTED TO THE MANAGEMENT SUPERVISOR FOR COMPLETION OF THE ENTIRE FORM.**

The above request meets the appropriate guidelines for Alternative Work Schedule.

\_\_\_\_\_  
Human Resources Office Date

\_\_\_\_\_  
Approved—Time Period \_\_\_\_\_ to \_\_\_\_\_  
Date Date or Indefinite

\_\_\_\_\_  
Denied—Reasons: \_\_\_\_\_

\_\_\_\_\_  
Management Supervisor Date

\_\_\_\_\_  
Appropriate Vice President Date

***Distribution: Employee, Human Resources, Supervisor(s)***