



Alternative Work Schedule Request Form

Employee: Complete this form and submit it to your supervisor.
Supervisor: Upon approval/denial, submit original copy to HR for employee's official personnel file.

Part 1 – To be completed by employee

Date: _____ EmplID#: _____
 Name: _____ Title: _____
 Dept: _____ Exempt Non-exempt
 Supervisor: _____ Regular Contingent

Type of alternative work schedule requested:

Flextime Compressed work schedule Teleworking

Hours desired:

FIRST WEEK	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
Lunch (30 or 60)	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60
End Time:					
Hours Worked:					
SECOND WEEK	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
Lunch (30 or 60)	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 60
End Time:					
Hours Worked:					

Employee Signature: _____ Date: _____

Part 2 – To be completed by Supervisor

- Alternative work schedule approved.
- Alternative work schedule approved with modifications.

Describe modifications: _____

- Alternative work schedule denied/terminated.

Reason: _____

Supervisor Signature: _____ Date: _____

Department Head: _____ Date: _____