|  |  |  |  |
| --- | --- | --- | --- |
| 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.**  |