



ALTERNATE WORK SCHEDULE REQUEST

Instructions: Employee completes sections 1 – 6 and submits form to his/her supervisor. The supervisor indicates their determination by completing section 7 and then submits form to the Human Resources Division.

1. Employee's Name (Last, First, Middle Initial):

2. Office:

3. Division / Branch:

4. Supervisor's Name:

5. Timekeeper's Name:

6. Employee's Election:

I am requesting to start change cancel an alternate work schedule.

Flexible Work Schedule Options

Gliding Schedule

Maxiflex Schedule

5-4/9 Schedule (complete the biweekly schedule below that includes eight 9-hour days, one 8-hour day, and one regular day off every other week)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Estimated Arrival Time					
Estimated Departure Time					
Number of Hours Worked					

Week 1 total number of hours scheduled: _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Estimated Arrival Time					
Estimated Departure Time					
Number of Hours Worked					

Week 2 total number of hours scheduled: _____

Proposed effective date (must be the beginning of a pay period): _____

Employee's Signature

Date

7. Supervisor's Determination

The requested work schedule is approved.

The requested work schedule is approved with the following modification(s):

I disapprove the requested work schedule for the following reason(s):

Supervisor's Name (Print)

Title

Supervisor's Signature

Date

HRD USE ONLY

_____ Date Received
 _____ Effective Date