800-032-01-F\_Alternative Work Schedule Request Agreement

**ALTERNATIVE WORK SCHEDULE REQUEST / AGREEMENT**

**I.** *(Employee completes this section.)*

Name: Date:

Job Title: Division/Unit:

List your current schedule and the requested new schedule.

|  |  |
| --- | --- |
|   | **Current Schedule** |
|   | Circle which meal break is included in schedule: 1 hour (30 min paid/30 min unpaid) or 0.5 hour (30 min paid) |
|   | Day | Start | End | Paid hours |
|   | Monday |   |   |  |
|   |
|   | Tuesday |   |   |  |
|   |
|   | Wednesday |   |   |  |
|   |
|   | Thursday |   |   |  |
|   |
|   | Friday |   |   |  |
|   |
|   | Total Paid Hours  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Requested New Schedule WEEK #1** |  | **Requested New Schedule WEEK #2** |
|  Circle which meal break is included in schedule: 1 hour (30 min paid/30 min unpaid) or 0.5 hour (30 min paid) |  | Circle which meal break is included in schedule: 1 hour (30 min paid/30 min unpaid) or 0.5 hour (30 min paid) |
| Day | Start | End | Paid hours |  | Day | Start | End | Paid hours |
| Monday |   |   |  |  | Monday |   |   |  |
|  |
| Tuesday |   |   |  |  | Tuesday |   |   |  |
|  |
| Wednesday |   |   |  |  | Wednesday |   |   |  |
|  |
| Thursday |   |   |  |  | Thursday |   |   |  |
|  |
| Friday |   |   |  |  | Friday |   |   |  |
|  |
| Total Paid Hours  |  |  | Total Paid Hours  |  |

How will your proposed schedule sustain or enhance your ability to get the job done and the ability of the work unit to maintain production and service?

What reasonable measurements would you propose for you and your supervisor to constructively monitor the alternative schedule and assess how your performance (e.g., productivity and service) is meeting or exceeding expectations? Are there measurable outcomes to use? Be as quantitative as possible.

**II.** *(Division Leader or designee completes this section.)*

Request for alternative schedule is approved. Effective date-range:

Request for alternative schedule is declined. If declined, please describe why:

**III**.

We understand that prior approval is required, including any subsequent change to a different alternative schedule. Approval is the sole discretion of the Division Leader or designee and, if approved, may be modified or discontinued at any time with a 48-hour notice of schedule termination. The employee may also request to discontinue the approved alternative schedule at any time with a 48-hour written notice. Any schedule termination will terminate this agreement and the employee will revert back to the normal business work schedule (Monday-Friday 8:00-4:30 including a 1 hour lunch).

Division Leader (or designee) signature: Date

Employee signature: Date

**\*Original to Fiscal Officer for personnel folder.**

**\*Copies to employee and supervisor**