

TO: _____ **RE: Request For Alternate Work Schedule**
(Immediate Supervisor)

FROM: _____ **Employee Work Unit** _____

Campus Mail Address _____ AP CS

Employee Signature: _____ **Date:** _____

I am requesting consideration and approval to participate in the alternate work week schedule and have referenced the work hours in the box below that would best accommodate my needs. It is understood that if approval of my schedule request is granted by all of the appropriate parties referenced below, it shall be my work week schedule for the days, hours and lunch breaks during the time period so referenced.

However, if my supervisor determines that the operating needs of the campus require a return to my basic work week schedule, I agree to comply with such a request. (If basic work week hours are other than 8:30 a.m. – 5:00 p.m., Monday-Friday, attach schedule to this form)

Effective Dates: Beginning _____ through _____

	Work Day Schedule	Lunch Break (Not less than ½ hr)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
	Work week totals less lunch break must equal 37 ½ hours (or 40 hrs if applicable)	

APPROVALS

_____	_____	<input type="checkbox"/> Approved
Immediate Supervisor	Date	<input type="checkbox"/> Not Approved
_____	_____	<input type="checkbox"/> Approved
Next Higher Level Supervisor	Date	<input type="checkbox"/> Not Approved
_____	_____	<input type="checkbox"/> Approved
Division Head	Date	<input type="checkbox"/> Not Approved

OFFICE OF HUMAN RESOURCES

_____	_____	<input type="checkbox"/> Approved
Director of Human Resources	Date	<input type="checkbox"/> Not Approved