



Request for Alternate Work Schedule

Date: _____ AP CS **Employee UIN** _____

From: _____
(Employee)

To: _____
(Immediate Supervisor)

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 _____

** The earliest your change in work schedule can be effective is the beginning of the next pay period following the date your approved request was received in the Office of Human Resources; work schedule changes in Banner cannot be entered retroactively. **Employees should not begin an alternate work schedule until they have received an email notice of approval from HR.***

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

APPROVALS

Immediate Supervisor Date _____ Approved
 Not Approved

Next Higher Level Supervisor Date _____ Approved
 Not Approved

Division Head Date _____ Approved
 Not Approved

OFFICE OF HUMAN RESOURCES

Director of Human Resources Date _____ Approved
 Not Approved