HUMAN RESOURCES DEPARTMENT ALTERNATIVE WORKWEEK SCHEDULE CHANGE FORM

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Change requested by:

Employee District

Employee Name:		
Position Title:		
Department:	Supervisor:	

Form Instructions:

- Schedule must begin on Monday and end on Sunday.
- Make certain to fill in start and end times.
- Must include 30, 45, or 60 minute meal period.

Time off must be reported in hourly increments (i.e., 9/80 must report 9 hours for full day off work).

Current Assignment:

Day of	Start	End Time	Type of Schedule	Please $$
Week	Time			One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule	
Tuesday			(8 hours or less, start & end times vary)	
Wednesday			Compressed Schedule - 4 days/10 hours	
Thursday			Compressed Schedule - 9 days/80 hours	
Friday			Special Notes:	
Saturday				
Sunday				

Proposed Assignment:

Day of Week 1	Start Time	End Time	Type of Schedule	Please √ One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule (8 hours or less, start & end times va	ıry)
Wednesday			Compressed Schedule - 4 days/10 ho	ours
Thursday			Compressed Schedule - 9 days/80 ho	ours
Friday			Week 1 Special Notes:	
Saturday				
Sunday				
Day of	Start	End Time		
Week 2	Time			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Temp	porary Chan	ge	Permanent Cl	hange
Start Date		End	Date Start Date	

Reason for the change:

Employee Signature	Date	Supervisor Signature	Date
Dean/Director Signature	Date	Area VP Signature	Date
VP HR Signature	Date		