



Alternate Work Schedule Request

Date: _____

To: (Supervisor Name) _____

From: (Employee Name) _____

I hereby request the following alternate work hours requesting a different start/end time or reduced lunch break (less than 1 hour) as follows:

WORK DAYS

Describe your work schedule:
(e.g, every other Friday off; M-TH, etc)

DAILY WORK HOURS:

Week 1	M	T	W	Th	F
Week 2 *	M	T	W	Th	F

**(for schedules with "every other X off")*

LUNCH PERIOD:

When will you take lunch?

I understand that this alternate work schedule may be terminated at any time (at the discretion of the Supervisor) provided the Supervisor state in writing the reason for the termination of the schedule and give the employee 30 days' notice. It may also be terminated by the employee at any time so long as the notice of termination is in writing and that hours under the requested alternate schedule are completed during the time period (usually a week) in which the employee is requesting termination of his/her flex schedule.

Employee Signature

-----To Be Completed by Supervisor-----

Action Taken:

Approved (complete Alternate Work Schedule Agreement)

Denied

By: _____
Supervisor Date

By: _____
Department Director Date