

**ALTERNATE WORK PROGRAM
EMPLOYEE SCHEDULE REQUEST**

EMPLOYEE NAME: _____

EMPLOYEE # _____

POSITION TITLE: _____

PAY GRADE: _____

DEPARTMENT: _____

Please show the hours you wish to work and submit this request to your supervisor for his/her review and approval. A total of 40 hours must be worked each week. Agencies and Departments may establish core hours that each of their employees must work daily, and may determine the length of an employee's lunch break. Generally, lunch must be a minimum of 30 minutes.

Once a schedule has been established, you will only need to complete this form when you wish to make a change. You must request changes two weeks in advance of the effective date.

DAY OF WEEK	MORNING		LUNCH	AFTERNOON		TOTAL DAILY HOURS
	START	END		START	END	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

The appointing authority can, at any time during the period covered by this request, require you to return to a five-day 8 hour per day work schedule. For weeks in which holidays occur, you must schedule 5 days at 8 hours each or adjust work schedule to work 32 hours (24 for Thanksgiving week) for 40 hours of pay.

I request that the above schedule become effective (must be the beginning of a pay period) on: _____ and end on: _____ (must be the end of a pay period).

APPROVED:

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Dept Head or Designee

Date

Current		New		Approvals
OT CAT:		OT CAT:		Dept HR Administrator:
WK SCH:		WK SCH:		DHR Labor Relations: