



**State of Oklahoma Office of
Management & Enterprise Services
Human Capital Management Division**

**Alternative
Work Schedule
Participation Form**

Employee Name: _____

Employee ID: _____ Department: _____

Request Participation / Approval

I have read and understand the [Alternative Work Schedule](#) policy and am requesting permission to participate in the Alternative Work Schedule program. I understand I may not begin the Alternative Work Schedule until notified by HCM of a start date.

I request to participate in Schedule:

A B C D 10MON 10TUE 10WED 10THU 10FRI

Employee Signature _____ Date _____

I have reviewed and approve the request for participation in the Alternative Work Schedule program listed above.

Immediate Supervisor _____ Date _____

HCM Payroll Use Only – Do not begin the Alternative Work Schedule until you are notified by Payroll of a start date.

The employee may begin the Alternative Work Schedule on _____.

Human Capital Management _____ Date _____

Request to Terminate Participation / Approval

I request to terminate my participation in the Alternative Work Schedule program for the following reasons:

I understand I must remain on the alternative work schedule until notified by HCM of a stop date.

Employee Signature _____ Date _____

I approve the request to terminate participation in the Alternative Work Schedule program.

Immediate Supervisor _____ Date _____

HCM Payroll Use Only – Do not stop your alternative work schedule until you are notified by Payroll of a stop date.

The employee may terminate the Alternative Work Schedule on _____.

Human Capital Management _____ Date _____

OMES HCM reserves the right at any time to return an employee participating in an Alternative Work schedule to his or her standard schedule for any reason.