



ALTERNATE WORK SCHEDULE – EMPLOYEE ELECTION FORM

REFER TO POLICY 21-13: ALTERNATE WORK SCHEDULE

Employee Name: _____ M Number: _____

Employee Organization Unit/Department: _____ Date of Election: _____

Do you wish to participate in the Alternate Work Schedule? ☐ Yes ☐ No

Instructions:

Complete this form to participate in the Alternate Work Schedule. Completed and approved forms must be signed by the employee and immediate supervisor or department head. The completed form is to be maintained by the department, in the employee's personnel file.

Note: Time is to be entered in military time (i.e. 4:00 p.m. = 16:00)

Days of the Week	Work Time	Lunch/Break
Sunday	to	to
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to

Total Hours Scheduled to Work: _____

Employee Signature

Date Signed

Supervisor/Department Head Signature

Date Signed

By signing above, employee acknowledges that this schedule can be changed or terminated at the request of the employee, the organizational unit, or the university at any time. Supervisors should provide employee with a signed copy for their records.

Request to REVOKE participation in the Alternative Work Schedule by:

Effective Date of Revocation

Employee Signature

Supervisor Signature