



Alternate Work Schedule Request Form

This is a formal request for an alternate work schedule

Name: Employee ID: Date

ERSO Unit Phone: Email:

Supervisor Name Phone: Email:

Desired Alternate Schedule: FLSA Status

Schedule Effective Date: Trial period end date:
(30 days after effective date)

How will your proposed alternate schedule sustain or enhance your ability to perform all assigned duties of your position?

Employee Signature: _____ Date:

Description of the alternate work schedule requested; indicating actual hours and times I would like to work:

Note: Non-exempt employees on the 9/80 schedule must work an 8 hour day every other Friday and take their day off on the following Friday.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					

Supervisor Recommendation: Approve Deny Supervisor Signature: _____

Final Decision: Approve Deny

Name: Signature: _____ Date:

**Approval of an alternate schedule is at the sole discretion of management and may be terminated at any time.*