

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Employee Name		800#:		Supervisor	
Job Title		Exempt	<input type="checkbox"/>	Nonexempt	<input type="checkbox"/>
Department		Date Submitted			

Part I: ALTERNATIVE WORK SCHEDULE REQUESTED

<input type="checkbox"/> Variable work schedule for a fixed duration	Duration of Proposal (maximum of 6 months <u>if requested by employee:</u>
<input type="checkbox"/> Compressed workweek	Start Date:
<input type="checkbox"/> Continuation of Alternative Work	End Date:

PART II: CURRENT AND PROPOSED SCHEDULES

Current Schedule		Proposed Alternative Work Schedule	
Days	Start and Stop Times (including a minimum ½ hour unpaid meal period)	Days	Start and Stop Times (including a minimum ½ hour unpaid meal period)
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Total Hours:		Total Hours:	

Please indicate whether you are taking thirty (30) minute or one (1) hour unpaid meal	
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PART III: WORK ISSUES TO BE CONSIDERED

How will this proposed alternative work schedule sustain or enhance your ability to complete your work responsibilities?

PART IV: EMPLOYEE SIGNATURE

I have read, understand, and agree to the alternative work schedule procedures. I understand that it is my responsibility to make my alternative work schedule a success and that my Supervisor, Department Head, Vice Chancellor and/or the University have the right to discontinue this schedule at any time--with advance notice, if possible.

Employee Signature

Date

PART V: AUTHORIZATION OF SUPERVISOR

I have reviewed this alternative work schedule proposal with the employee.

This proposal is: Approved Denied

Supervisor Signature

Date

I have reviewed this alternative work schedule proposal with the supervisor.

This proposal is: Approved Denied

Dean/Director Signature

Date

This proposal is: Approved Denied

Vice Chancellor Signature

Date

PART VI: OFFICE OF HUMAN RESOURCES REVIEW

This proposal is: Approved Denied

Director of Human Resources Signature

Date

Acknowledgements:

The University acknowledges and credits the following universities in the development of this document: The University of West Florida.