

Alternate Work Schedule Request Form

Instructions: To document an employee's work schedule that deviates from the standard work week schedule of Monday through Friday, 8 hours per day. Forward completed document to Payroll Department in SH – 103.

EMPLOYEE NAME (Last, First MI)				EMPLOYEE ID NUMBER				EMPL REC	UNION (BARGAINING UNIT)
UNIT	DEPT. NAME						BEGIN DATE (mm/dd/yyyy)		END DATE (mm/dd/yyyy)
REQUIRED: JUSTIFICATION FOR HOW THE ALTERNATE WORK SCHEDULE MEETS THE OPERATIONAL NEEDS OF THE WORK UNIT									

Temporary work schedule change. Returning to previous work schedule effective after the end date above.

7 DAY WORK WEEK								*Schedule changes must always be effective on Sunday, even if the employee does not work on Sunday*	
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Start Time									
Lunch Period (0*,30,60)									
End Time									
Number of Work Hours									
*0 minute lunch can only be selected if work day is 6 hours or less								TOTAL HOURS	

14 DAY WORK WEEK								*Schedule changes must always be effective on Sunday, even if the employee does not work on Sunday*	
WEEK 1									
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Start Time									
Lunch Period (0*,30,60)									
End Time									
Number of Work Hours									
WEEK 2									
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Start Time									
Lunch Period (0*,30,60)									
End Time									
Number of Work Hours									
*0 minute lunch can only be selected if work day is 6 hours or less								TOTAL HOURS	

WORK SCHEDULE CHANGE NOTIFICATION INFORMATION		
Union (Bargaining Unit)	Notification Period	Notification Type Required
Unit 1 – UAPD	14 days	Written
Unit 2,5,7 & 9 – CSUEU	21 days	Written
Unit 4 - APC	21 days	Written
Unit 6 – SETC	28 days	Written
Unit 8 – SUPA	21 days	Written

EMPLOYEE SIGNATURE AND ACKNOWLEDGEMENT: I acknowledge that the requested Alternate Work Schedule is not approved until I have received a fully executed copy with all appropriate signature approvals below.

EMPLOYEE SIGNATURE DATE

REQUIRED ADMINISTRATOR APPROVALS

APPROVED _____
 DENIED SUPERVISOR SIGNATURE DATE

APPROVED _____
 DENIED DEAN/DIRECTOR SIGNATURE DATE

APPROVED _____
 DENIED VICE PRESIDENT SIGNATURE DATE