

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day of Week								
Start Time								
Lunch Period (0*,30,60)								
End Time								
Number of Work Hours								
WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day of Week								
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 _____