

REQUEST FOR ALTERNATE WORK SCHEDULE

TO: (Supervisor) _____ (Date) _____

Effective with the pay period beginning _____, I request that I work:

Variable Work Week Schedule

Schedule	M	T	W	Th	F	Arrival Time	Departure Time
9-hour days Week 1							
9-hour days Week 2							
8-hour day (check appropriate week) Week 1: ____ Week 2: ____							
Scheduled Day Off (check appropriate week) Week 1: ____ Week 2: ____						N/A	N/A

Lunch Period: _____ 30 minutes _____ 45 minutes _____ 60 minutes

Flextour Work Schedule:

Arrival Time: _____ Departure Time: _____
Lunch Period: _____ 30 minutes _____ 45 minutes _____ 60 minutes

Special Requests:

(Employee Signature and Date)

Your request for an Alternate Work Schedule, with any deviations as requested above, is approved and you may begin working in accordance with the above schedule on _____.

(Supervisor Approval and Date)