

Pandemic Alternative Work Schedule



Employee's Name	Classification	Date of This Request
Department/Division	Section	Workgroup
<input type="checkbox"/> Non-Represented/Non-Union <input type="checkbox"/> Represented/Union Local: (Must pick one)	<input type="checkbox"/> FLSA Exempt (Salaried) <input type="checkbox"/> Non-Exempt (Hourly) (Must pick one)	Proposed Effective Date of Schedule

Proposed Schedule Type				
<input type="checkbox"/> Flex	<input type="checkbox"/> Compressed 4/40	<input type="checkbox"/> Compressed 9/80	<input type="checkbox"/> Compressed/Other	<input type="checkbox"/> Fixed/Full
(Must pick one)				

Schedule

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week One							
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours Worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week Two							
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stop Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours Worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEPT/DIVISION	Division and Department Approvals (if required by agency procedure)			
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Must pick one)	Supervisor – Name	Supervisor – Signature	Date
	<i>If denied, must state reason:</i>			
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Must pick one)	HR Manager/Designee – Name	HR Manager/Designee – Signature	Date
	<i>If denied, must state reason:</i>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Must pick one)	Division Director/Designee – Name	Division Director/Designee – Signature	Date	
<i>If denied, must state reason:</i>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Must pick one)	Dept Director/Designee – Name	Dept Director/Designee – Signature	Date	
<i>If denied, must state reason:</i>				

Employee Agreement

To be considered for a Pandemic Alternative Work Schedule, you must confirm the agreement below by signing this form.

Employee’s Signature – By signing this form, I verify that I have read and agree to abide by the terms described in the [Alternative Work Arrangements Guide](#). I understand that an alternative work schedule is a privilege, not a right, and this agreement may be modified or terminated at any time. I agree to adhere to the schedule and working requirements as approved on this request form.

For Director’s Office Use Only	
Effective Date of Agreement	Date Initial Agreement Expires
Date of First Renewal	Date First Renewal Expires
Date of Second Renewal	Date Second Renewal Expires
Date of Third Renewal	Date Third Renewal Expires