

**Alternative Work Schedule (AWS)
Request and Plan**

Employee: _____ Employee Number: _____

Supervisor: _____ School/Dept.: _____ Date: _____

Employee's Current Work Schedule:

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
Arrival Time								
Departure Time								
Meal Length								
Total Work Hours per day								

Start Date of Alternate Work Schedule (beginning date of a pay period): _____

End Date of Alternative Work Schedule (end date of a pay period): _____

Alternative Work Schedules (please complete requested schedule):

Flextime Schedule: Exempt and Non-exempt employees

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
Arrival Time								
Departure Time								
Meal Length								
Total Work Hours per day								

Compressed Schedule: Exempt and non-exempt employees (indicate work day off or reduced hours)

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
Arrival Time								
Departure Time								
Meal Length								
Total Work Hours per day								

Compressed: Exempt employees only

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
9-hour days Week 1								
Arrival Time								
Departure Time								
Meal Length								
9-hour days Week 2								
Arrival Time								
Departure Time								
Meal Break								
8-hour day (check week) Week 1: _____ Week 2: _____ (indicate day and hours)								
Scheduled Day Off (check week) Week 1: _____ Week 2: _____ (indicate day and hours)								
Total Hours								Must Equal 80.0

Rotational of Fixed Shift Schedule (Exempt and Non-exempt employees):

Please check one: Rotating Shift _____ Fixed Shift _____

If a Rotating Shift, indicate both work schedules and start dates/end dates of rotation: _____

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
Arrival Time								
Departure Time								
Meal Length								
Total Work Hours Per Day								

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
Arrival Time								
Departure Time								
Meal Length								
Total Work Hours Per Day								

Employee Understanding:

I understand that an alternative work schedule is a privilege and intended to benefit both the employee and the department.

I further understand that my supervisor may modify or terminate the alternative work schedule based on my performance and/or for business, emergency, or any other appropriate reasons.

I agree to adhere to the new alternative work schedule.

I also understand if I work a schedule of greater than 8-hour days, I will receive only 8 hours credit for observing a holiday or 8 hours of compensatory special leave if I work the holiday or it occurs on my day off.

If I initiated the alternative work schedule, I may cancel the alternative work schedule by providing advance notice to my supervisor. Upon cancellation, I will return to my former work schedule on the first day of next new pay period.

If I am a non-exempt employee, I must accurately record all hours worked in a day which is consistent with federal law. Overtime must be pre-approved by my supervisor.

Approvals:

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

A copy of the Alternative Work Schedule is to be retained by the Department/Unit.

The department/unit HRMS Specialist **must** update the employee’s Assignment Descriptive Flexfield in HRMS by indicating the type of Alternative Work Schedule (e.g. Compressed Schedule, Flextime, Rotational or Fixed Shift).