



REQUEST FOR ALTERNATE / REDUCED WORK SCHEDULE

Employee Name _____ Title _____

The following alternate and/or reduced work schedule is requested by the employee:

ALTERNATE work schedule requested. Indicate days and hours to be worked:

REDUCED work schedule requested. Indicate percent time and days and hours to be worked:

Percent Time: _____ Days & Hours: _____

Alternate / reduced work schedule is approved for the period _____
through _____ with the following conditions:

1. The Division retains the prerogative to rescind this schedule should workload or other operational needs warrant.

2. This approval does not set any precedent for future requests of this nature.

3. Other: _____

4. Other: _____

AGREEMENT SIGNATURES

The employee's signature indicates that the terms of this agreement have been discussed with her/him and s/he is in agreement with these conditions.

Employee Date

Supervisor Date

Board Chair/Director Date

BUSINESS OFFICE

Business or Dean's Office _____ Date _____

Copies returned to supervisor and employee on date: _____