Alternative Work Schedule Request Form

Employee Information			
First Name:		Last Name:	
Date:			
Job Title and Department:			
Supervisor:			
Anticipated Start Date:		Exempt or Non-Exempt:	

The purpose of an Alternative Work Schedule is to provide employees flexibility in work hours while maintaining operational efficiency, productivity and effective service to the public and County Departments.

Please refer to the County's policy on Alternative Work Schedules for further information. These schedules do not alter the total number of hours worked per week and may not result in overtime compensation. The normal work schedule remains at 40 hours per week.

The Department Head will evaluate the employee's request for an alternative work schedule based on the operational needs of the Department, will either approve or deny the request and then forward the same to the County Administrator for approval. This form will be filed in the Employee's personnel file with Human Resources.

There will be no adjustment to the building(s) for – heating, cooling, hours of operation, times doors are locked/unlocked and Information Technology will be available during normal business hours unless it is an emergency.

Alternative Work Schedule (Check One):

☐ 4/9 and 1/4 Work Schedule (Monday – Friday; between 7:00 a.m. and 7:00 p.m.)

- The Start Time on each day will be: _____a.m.
  The End Time on each day will be: _____p.m.
- The 1 -4 hour day will be: (specify day of the week or varies) _____

☐ 4/10 Work Schedule (Monday – Friday; between 6:30 a.m. and 7:00 p.m.)

- The Start Time on each day will be: _____a.m.
  The End Time on each day will be: _____p.m.
- Regular Day off during the week:_____

OR

- If day off is rotating, indicate rotation:_____

Acknowledgement

I agree to maintain the schedule as listed above. I understand that once an alternative work schedule is approved, it cannot be changed without the prior written permission of the Department Head (or County Administrator). I further understand that I am required to follow all County policies including but not limited to; time and attendance at work and must maintain a satisfactory work performance in order to continue the alternative work schedule privilege and failure to do so on my part may end the alternative work schedule.

Employee Signature: _____ Date: _____

Below this line is for Management Use ONLY

Supervisor Signature:_____Date:_____

Department Head Signature: _____ Date:_____

County Administrator Approval: ☐ Approved ☐ Denied Date:_____Initials:_____

Approval details if needed or denial reason: