



HUMAN RESOURCES DEPARTMENT
ALTERNATIVE WORKWEEK SCHEDULE CHANGE FORM

Change requested by: Employee District

Employee Name: _____ K Number: _____

Position Title: _____

Department: _____ Supervisor: _____

Form Instructions:

- Schedule must begin on Monday and end on Sunday.
- Make certain to fill in start and end times.
- Must include 30, 45, or 60 minute meal period.

Time off must be reported in hourly increments (i.e., 9/80 must report 9 hours for full day off work).

Current Assignment:

Day of Week	Start Time	End Time	Type of Schedule	Please <input type="checkbox"/> One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule (8 hours or less, start & end times vary)	
Wednesday			Compressed Schedule - 4 days/10 hours	
Thursday			Compressed Schedule - 9 days/80 hours	
Friday			Special Notes:	
Saturday				
Sunday				

Proposed Assignment:

Day of Week 1	Start Time	End Time	Type of Schedule	Please <input type="checkbox"/> One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule (8 hours or less, start & end times vary)	
Wednesday			Compressed Schedule - 4 days/10 hours	
Thursday			Compressed Schedule - 9 days/80 hours	
Friday			Week 1 Special Notes:	
Saturday				
Sunday				
Day of Week 2	Start Time	End Time	Week 2 Special Notes:	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Temporary Change

Permanent Change

Start Date _____ End Date _____ Start Date _____

Reason for the change:

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Employee Signature Date

Supervisor Signature Date

Dean/Director Signature Date

Area VP Signature Date

VP HR Signature Date