

ALTERNATIVE WORK SCHEDULE REQUEST

*Submitting this request means you are aware of the conditions governing a **Modified Work Schedule** or a **Compressed Work Schedule as stated in the LARA Policy G-03**. A Modified Work Schedule or a Compressed Work Schedule both maintain eighty (80) hours in a pay period, and require a lunch period of at least a half-hour to be taken mid-day. **The practice of requiring an AWS Request form for a Modified Work Schedule consisting of ten eight hour days is at the discretion of the bureau director.***

1. Employee Information

Check One: <input type="checkbox"/> New Schedule <input type="checkbox"/> Revision of Current AWS		
Employee Name (printed or typed):	Employee ID #	Home Unit#
Class and Level	Bargaining Unit	
Bureau	Division	
Date Work Schedule to begin:	Date Work Schedule to end:	

2. Check one (✓)

<input type="checkbox"/>	Modified Work Schedule	Schedule that starts/ends other than the normal hours of 8-5pm, and working 10 days per pay period.
<input type="checkbox"/>	Compressed Work Schedule Also indicate which Option (1 or 2).	Schedule that is not strictly composed of eight (8) hour work days, with 1-2 days off per pay period. <input type="checkbox"/> <u>Option I:</u> Four (4) days at ten (10) hours/day each week. (One day off each week.) <input type="checkbox"/> <u>Option II:</u> Eight (8) days at nine (9) hours/day, & one (1) day at eight (8) hours. (One (1) day off per pay period). (e.g. Week 1: four 9-hour days, one 8-hour day; Week 2: four 9-hour days, 1 day off.). Note: This option is available <u>only</u> to overtime exempt employees.
<input type="checkbox"/>	Combination Work Schedule	1) Telecommuting; and 2) Modified or Compressed work schedule. <u>Attach</u> approved Telecommuting form.

3. Work Schedule

	First week of pay period					Second week of pay period				
	Start Time	Lunch		End Time	# Hrs.	Start Time	Lunch		End Time	# Hrs.
		Begin	End				Begin	End		
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										

Employee Signature:	Date:
4. Approvals:	
Supervisor Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Print Supervisor Name
Bureau Director Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:
Appointing Authority Review: <input type="checkbox"/> (not required for Modified Work Schedule Requests; MWS requests are maintained by the bureau)	