

**DEPARTMENT ON DISABILITY SERVICES
REQUEST FOR ALTERNATE WORK SCHEDULE (AWS)**

Employee Name: _____ Date of Request: _____

Job Title: _____ Grade: _____

Enter on Duty Date: _____ Unit: _____

I am requesting to participate in (please check **only one**).

- Flexible Work Schedule
- Compressed Work Week
- Return to the Standard Work Schedule (8:15 to 4:45)

Flexible Work Schedule - I request to adjust my work hours from the standard 8:15 to 4:45 tour of duty to the following:

Monday thru Friday Total hours worked per week

Requested Start Time _____ Requested End Time _____

_____ I acknowledge that the standard lunch period is 30 minutes

_____ I request a 1 hr lunch period and acknowledge that this adds 30 minutes to each work day.

Compressed Work Week- I request to work a compressed work week to include one 8 hour day per pay period and eight 9 hour days per pay period with one day off. Please circle the requested day of the week and the week of the pay period for the absent day and the 8 hour day.

Requested day off: Mon Tues Wed Thurs Fri 1st or 2nd week of pay period

Requested 8 hour day: Mon Tues Wed Thurs Fri 1st or 2nd week of pay period

Requested Start Time _____ Requested End Time _____

_____ I acknowledge that the standard lunch period is 30 minutes

_____ I request a 1 hr lunch period and acknowledge that this adds 30 minutes to each work day.

Human Resources Review- *please initial each item*

_____ The employee is not currently in a documented performance improvement status including but not limited to a PIP.

_____ The employee has not received a disciplinary action at the level of admonishment, written reprimand or higher within the last (6) six months.

Human Resources Certified By

Date

