SUPERVISOR REQUEST TO RESCIND FLEXIBLE, COMPRESSED AND TELEWORK SCHEDULE

1. Employee's Information

Name: _____
Last First and Middle Initial

Administration: _____ Employee ID: _____

2. Program Rescission Requested

❑	**Flexible Schedule.** Indicate your preferred tour of duty and check the type of flexible schedule you would like. Start Time: _____ End Time: _____ ❑ Variable Day Schedule ❑ Individual Weekly Schedule ❑ Flexible Work Day Schedule
❑	**Compressed Schedule.** Indicate the number of day(s) you are requesting to be off. ❑ One ❑ Two
❑	**Telework (Routine).** Indicate the day(s) you are requesting to telework. Week 1: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday Week 2: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday
❑	**Telework (Situational).**

3. Resulting Schedule

FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIM E:					
HOURS WORKED:					
TOTAL HOURS:					
SECOND WEEK	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**
START TIME:					
END TIM E:					
HOURS WORKED:					
TOTAL HOURS:					

4. Justification for Rescission

Consistent with the AWS policy, requests to rescind an alternative work schedule or telework schedule require approval. On the line below, please explain why you are requesting rescission of the employee's schedule. Use additional paper if necessary and any supplemental documents as needed.

_____

_____
Supervisor Date

_____
Deputy Director/Chief of Staff Date

_____
Director Date

_____
Employee Date