Application for Alternative Work Schedule (2009-10)

Part A – To be completed by employee:

I. Time Period (You may check more than one box “up to a year” if you plan to stay on the same schedule):
   - [ ] Academic Year (August 6, 2009 through May 12, 2010)
   - [ ] Summer Intersession (May 13, 2010 through August 18, 2010)
   - [ ] Other (list dates if different from above) ______

II. Option (see reverse for examples):
   - [ ] Flex Time (Staggered hours)
     List hours to be worked: ______
   - [ ] Compressed Workweek (select one):
     - [ ] Four and a half day workweek
     - [ ] Four day workweek (available only during summer & winter intersessions)
     List days/hours to be worked: ______
   - [ ] Compressed Payroll Period (9 days/pay period; not available to 40-hour/week, overtime eligible employees)
     List days/hours to be worked: ______

______________________________ _____________________________
Employee (print name) Department

______________________________ _____________________________
Employee’s signature Date

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Part B. – To be completed by supervisor(s) and vice president:

I. [ ] Approval recommended [ ] Denial recommended
   Comments: ________________________________________________________________
   ________________________________________________________________
   Immediate supervisor’s signature Date

II. [ ] Approval recommended [ ] Denial recommended
   Comments: ________________________________________________________________
   _________________________________________________________________________
   Next level supervisor’s signature (if applicable) Date

III. [ ] Approval recommended [ ] Denial recommended
   Comments: ________________________________________________________________
   _________________________________________________________________________
   Next level supervisor’s signature (if applicable) Date

IV. [ ] Approved [ ] Denied
   Vice president’s signature Date

Original: Human Resources Copies: Employee, supervisor, Payroll (1/19/09)