

Alternative Work Schedule Request Form

Staff Member Name: _____ Department: _____

Supervisor: _____ Date: _____

Brief description of alternative work schedule, please include day and hours of work for the week:

I agree and understand that I will follow the guidelines in the Alternative Work Schedule (AWS) policy. I agree to the above alternative work schedule, and will provide the best customer service to students, staff, faculty, and community.

Staff Member Signature: _____

Approval Signatures

Supervisor: _____ Date: _____

Direct Report to PC Member: _____ Date: _____

PC Member: _____ Date: _____