



### Alternative Work Schedule (AWS) – Request/Agreement Form

Employee Information			
Employee Name		Employee Classification	
Employee Dept/Division/Section		Employee Supervisor	
Request Date	Request Type and Proposed Effective Date	FLSA Status	Union Status
	<input type="checkbox"/> New      Date: <input type="checkbox"/> Renewal	<input type="checkbox"/> Non-Exempt (hourly) <input type="checkbox"/> Exempt (salaried)	<input type="checkbox"/> Represented <input type="checkbox"/> Non-Rep

Requested Alternative Work Schedule Type			
<input type="checkbox"/> Flex	<input type="checkbox"/> Compressed 4/40	<input type="checkbox"/> Compressed 9/80	<input type="checkbox"/> Other

Requested Schedule								
Document the alternative work schedule								
		Sat	Sun	Mon	Tue	Wed	Thu	Fri
Week 1	Workday Start							
	Length of Lunch							
	Workday End							
	Total Hours Worked							
Week 2	Workday Start							
	Length of Lunch							
	Workday End							
	Total Hours Worked							

Approved Schedule (if different from request)								
Document the approved alternative work schedule								
		Sat	Sun	Mon	Tue	Wed	Thu	Fri
Week 1	Workday Start							
	Length of Lunch							
	Workday End							
	Total Hours Worked							
Week 2	Workday Start							
	Length of Lunch							
	Workday End							
	Total Hours Worked							

## Employee Agreement

By signing this form, I verify that I have read and agree to abide by the terms described in the [Alternative Work Arrangements Guide](#). I understand that an alternative work schedule is a privilege, not a right, and this agreement may be modified or terminated at any time. I agree to adhere to the schedule and working requirements as approved on this request form.

Employee Signature	Date

## Required Approvals

Supervisor			
Name	Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

If denied, state reason:

Division Director/Designee			
Name	Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

If denied, state reason:

HR Manager/Designee			
Name	Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

If denied, state reason:

Department Director/Designee			
Name	Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

If denied, state reason:

## Department Director/Designee Approved Effective Dates

Effective Date of Agreement	Date Agreement Expires