



Alternative Work Schedule (AWS) Agreement

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 Schedules policy. 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