



Alternative Work Schedule - Employee Election Form

Employee Name: _____

M-Number: _____

Employee Organization Unit/Department: _____

Date of Election: _____

Do you wish to participate in the Alternative Work Schedule: Yes No

Instructions:

Complete this form to participate in the Alternative Work Schedule. Completed and approved forms must be signed (electronically) by the employee and immediate supervisor or department head. The completed form is to be maintained by the department, in the employee's personnel file.

Note: time is entered in military time (for example 4:00 pm = 16:00).

Days of the Week	Work Time <i>(Enter time to start and stop working)</i>	Lunch / Break <i>(Enter time to start and stop for lunch/break)</i>
SUNDAY	to	to
MONDAY	to	to
TUESDAY	to	to
WEDNESDAY	to	to
THURSDAY	to	to
FRIDAY	to	to
SATURDAY	to	to

TOTAL HOURS SCHEDULED TO WORK: 0:00:00

Employee Signature

Date Signed

Supervisor/Dept. Head Signature

Date Signed

By signing above, employee acknowledges that this schedule can be changed or terminated at the request of either the employee the organizational unit or the university at any time. Supervisors should provide employee with a signed copy for their records.

Request to REVOKE participation in the Alternative Work Schedule by: Employee Supervisor

Effective Date of Revocation

Employee Signature

Supervisor Signature