

Employee Alternative Work Schedule Request Form

Please select from one of the following work alternatives using these guidelines for all programs:

- University Office Hours: 8:00 a.m. – 5:00 p.m. Monday through Friday
- University Core Hours: 10:00 a.m. – 3:00 p.m. Monday through Thursday
- Lunch time must be either be 30 minutes or 60 minutes

Please indicate Alternative Work Schedule choice:

- 4/10/40 Compressed Work Week: (Exempt or Non-Exempt staff option)
- 4/9/4/40 Compressed Work week: (Exempt or Non-Exempt staff option)
- 9/8/80 Compressed Work Week: (Exempt staff only due to FLSA Regulations)
- Alternate Compressed Work Week: (Schedule must adhere to FLSA Regulations)
- Flex-time Schedule: Total work hours: Five 8-hour days (other than 8:00 a.m. -5:00 p.m.) for a total of 40 hours per week

Requested start date: _____ Requested end date: _____

Lunch time: _____ to _____ = _____ minutes

Week 1

Work days (check) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Arrive/Depart Time _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

Week 2 (Complete if different from Week 1)

Work days (check) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Arrive/Depart Time _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

I, the undersigned employee, fully understand that the approval of any alternative work schedule is conditional and may be revoked by management at any time. I have read UHV's Policy and Procedures for Alternative Work Schedules, C-24, and understand the guidelines set forth.

Employee's Printed Name

Department

Employee's signature and date

Supervisor's signature and date

Recommend: Approval
 Disapproval

Department Head's signature and date

Recommend: Approval
 Disapproval

Cabinet-level Supervisor's signature and date

Recommend: Approval
 Disapproval

Human Resources Officer (review) and date

Comments _____

