Employee Name:  Title: 

Exempt:  Non-Exempt:  Supervisor: 

Reason for Alternate Work Schedule request: 

Request Start Date:  Request End Date: 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Schedule** | | **Requested Schedule** | | **Hours Worked** |
| Monday |  | Monday |  |  |
| Tuesday |  | Tuesday |  |  |
| Wednesday |  | Wednesday |  |  |
| Thursday |  | Thursday |  |  |
| Friday |  | Friday |  |  |
| **Total Hours:** | | **Total Hours:** | |  |

Equipment/Services provided by employee: 

Equipment/Services provided by institution: 

**We agree to the conditions specified in this document. We have discussed and agreed to the procedures for recording time worked.**

Employee Signature:  Date: 

Manager Approval:  Date: 

Human Resources:  Date: 