Application for Alternative Work Schedule (2015-16)

Part A – To be completed by employee:

I. Time Period (You may select more than one box “up to a year” if you plan to stay on the same schedule):
   
   - [ ] Academic Year (August 22, 2015 – May 13, 2016)
   - [ ] Winter Intercession (December 12, 2015 – January 22, 2016)
   - [ ] Summer Intercession (May 14, 2016 - August 19, 2016)

II. Option (see reverse for examples):

   - [ ] Flex Time (Staggered hours)
     List hours to be worked: ________________________________

   - [ ] Compressed Workweek (select one):
     Four and a half day workweek
     Four day workweek (available only during summer & winter intercessions)
     List days/hours to be worked: ________________________________

   - [ ] Compressed Payroll Period (9 days/pay period; not available to 40-hour/week, overtime eligible employees)
     List days/hours to be worked: ________________________________

Employee (print name) ________________________________
Department ________________________________

Employee’s signature ________________________________ Date ________________________________

Part B. – To be completed by supervisor(s) and vice president:

I. [ ] Approval recommended [ ] Denial recommended

   Comments: __________________________________________________________

   Immediate supervisor’s signature ________________________________ Date ________________________________

II. [ ] Approval recommended [ ] Denial recommended

   Comments: __________________________________________________________

   Next level supervisor’s signature (if applicable) ________________________________ Date ________________________________

III. [ ] Approved [ ] Denied

   Vice president’s signature ________________________________ Date ________________________________

Original: Human Resources Copies: Employee, supervisor (8/2015)