

Application for Alternative Work Schedule (2015-16)

Research Administration

Human Resources

Part A – To be completed by employee:

PO Box 2000
 301 Miller Building
 Cortland, New York
 13045
 (607) 753-2302
 Fax (607) 753-5994

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