

**(Do not use for employees in Work Week Groups E or SE)**

**Instructions:** Please view the [Alternate Work Week Calendars](#) to select your requested schedule. Fill out section 1 of this form. Then, fill out section 2A or 2B depending on whether you have chosen a 9/8/80 or 4/10/40 schedule. Review the Employee Acknowledgment and submit this form along with a copy of the calendar for your selected schedule to your supervisor for approval.

**Section 1 - Employee Information**

Last Name	First Name	M.I.	Division/Office
Position Number	Work Week Group	CBID	Requested Effective Date
	2 E SE		

**Section 2A – 9/8/80 (On this schedule, your work week always begins midday on the day you have off.)**

Requested Schedule (i.e., Monday A)	Work Hours – 9 Hour Days (HH:MM)
	to
Lunch Period (HH:MM - HH:MM)	Work Hours – Alternating 8 Hour Day (HH:MM)
	to

**Section 2B – 4/10/40 (On this schedule, your work week always begins Monday morning.)**

Requested Schedule (i.e., Monday)	Work Hours – 10 Hour Days (HH:MM)	Lunch Period (HH:MM - HH:MM)
	to	

**Section 3 - Employee Acknowledgement**

In accordance with the Department of General Services' policy, I hereby request the above Alternate Work Week Schedule. I have attached the Alternate Work Week Calendar reflecting the new work schedule I am requesting for the duration or remainder of the above calendar year. If approved, I agree to the following terms and conditions of this agreement:

- I understand this change in work week is voluntary; it is a privilege, not a right, and may be changed or canceled by the Department at any time. I agree to abide by the Department's 4/40 and 9/80 alternate work week schedule policy and procedures.
- I understand I will not accrue overtime solely as a result of my alternate work schedule and understand overtime requires prior approval from my immediate supervisor.
- I agree should a holiday fall on a day I am scheduled to work, I will be required to supplement the eight-hour holiday credit with an appropriate number of hours to fit my alternate work schedule from accrued excess hours, CTO, annual leave, or vacation credits.
- I agree I may have to supplement excess hours, CTO, annual leave or vacation credits in the event my hours worked for a pay period does not equal the hours required of the pay period. I further understand any excess hours remaining due to a change in the above defined alternate work week schedule, will be compensated at the straight time rate when earned, by lump sum or time off.
- I understand my alternate work schedule will be canceled during the period of time I am serving jury duty, or disabled due to work-related or non-industrial disability leave.

Employee Signature	Date
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**Section 4 - Certification of Approval**

Supervisor Name	Supervisor Signature	Date
Office Chief Name	Office Chief Signature	Date