

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

Instructions: Please view the Alternate Work Week Calendars via the link below 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. Submit this form along with a copy of the calendar for your selected schedule to your supervisor for approval.

[To View the Alternate Work Week Calendars, please click here.](#)

SECTION 1

LAST NAME	FIRST NAME	MI	CBID	WORK WEEK GROUP 2 E SE
DIVISION/OFFICE			POSITION NUMBER	REQUESTED EFFECTIVE DATE

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

REQUESTED SCHEDULE (ie: First Monday)	WORK HOURS – 9 HOUR DAYS (HH:MM) A.M. to P.M.
LUNCH PERIOD (HH:MM - HH:MM)	WORK HOURS – ALTERNATING 8 HOUR DAY (HH:MM) A.M. to P.M.

SECTION 2B – 4/10/40 – On this schedule, your work week always begins Monday morning.

REQUESTED SCHEDULE (ie: Monday)	WORK HOURS – 10 HOUR DAYS (HH:MM) A.M. to P.M.	LUNCH PERIOD (HH:MM - HH:MM)
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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 agree to maintain an accumulation balance of at least 20 hours of leave (excess hours, CTO, annual leave or vacation only).

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 a work-related or non-industrial disability leave.

SIGNATURE	DATE
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CERTIFICATION OF APPROVAL

SUPERVISOR SIGNATURE	DATE
OFFICE CHIEF SIGNATURE	DATE