

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

Instructions: Please [view the Alternate Workweek 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 Acknowledgement and submit this form along with a copy of the calendar for your selected schedule to your supervisor for approval.

SECTION 1

LAST NAME	FIRST NAME	M.I.	DIVISION/OFFICE
POSITION NUMBER	WORKWEEK GROUP 2 E SE	CBID	REQUESTED EFFECTIVE DATE

SECTION 2A – 9/8/80 – On this schedule, your workweek 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 workweek always begins Monday morning.

REQUESTED SCHEDULE (i.e., Monday) WORK HOURS – 10 HOUR DAYS (HH:MM) LUNCH PERIOD (HH:MM - HH:MM)
to

EMPLOYEE ACKNOWLEDGEMENT

In accordance with the Department of General Services' policy, I hereby request the above Alternate Workweek Schedule. I have attached the Alternate Workweek 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 workweek 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 workweek 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 workweek 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.

EMPLOYEE SIGNATURE

DATE

CERTIFICATION OF APPROVAL

SUPERVISOR NAME SUPERVISOR SIGNATURE DATE

OFFICE CHIEF NAME OFFICE CHIEF SIGNATURE DATE