WORK SCHEDULE REQUEST

1. NAME	2. DEPARTMENT	3. EFFECTIVE DATE

4. Check one of the boxes below indicating your choice of schedule

☐ a. BASIC WORKWEEK (0800 - 1630)

☐ b. BASIC WORKWEEK (FLEXITIME)

☐ c. FOUR DAY WEEK

INDICATE DAY OFF: _____

d. 5/4-9 COMPRESSED PLAN

☐ GROUP 1 (FIRST MONDAY OFF)
☐ GROUP 2 (SECOND MONDAY OFF)
☐ GROUP 3 (FIRST TUESDAY OFF)
☐ GROUP 4 (SECOND TUESDAY OFF)
☐ GROUP 5 (FIRST WEDNESDAY OFF)
☐ GROUP 6 (SECOND WEDNESDAY OFF)
☐ GROUP 7 (FIRST THURSDAY OFF)
☐ GROUP 8 (SECOND THURSDAY OFF)
☐ GROUP 9 (FIRST FRIDAY OFF)
☐ GROUP 10 (SECOND FRIDAY OFF)

5. Work hours for 4b, 4c, and 4d above:

From _____ To _____

6. Employee Signature	7. Date	8. Supervisor Signature	9. Date

Approving Official

10. Approved	Disapproved	11. Signature	12. Date
☐	☐		

WORK SCHEDULE CHANGES IN EXCESS OF ONE PAY PERIOD

Date (from/to)	Work Schedule	Employee/Supervisor Initial	Date