

Office of the Chief Information Officer

WORK SCHEDULE REQUEST

EMPLOYEE: _____

EFFECTIVE DATE: _____

I. CHECK ONE:

A. _____ I request a 40-hour per week work schedule comprised of five 8-1/2 hour workdays (includes 1/2 hour for lunch). I request my standard work hours to be:

START TIME: _____ STOP TIME: _____

B. _____ I request to participate in the 5/4/9 compressed Work Schedule Program. I request _____ (indicate day in first or second week of pay period) to be my regular day off and _____ to be my 8-hour workday (include day in first or second week of pay period) during each pay period. I request my standard work hours be:

START TIME: _____ STOP TIME: _____ (9-HOUR DAY)

START TIME: _____ STOP TIME: _____ (8-HOUR DAY)

C. _____ I request to participate in the AWS Flextime Program

EMPLOYEE 'S SIGNATURE

II. CHECK ONE:

A. _____ Your work schedule request is approved.

B. _____ Your work schedule request is modified and approved as follows:

C. _____ Your participation in the AWS Program must be denied for operational reasons.

SUPERVISOR