



Date:

To:

From:

Subject: Request for Alternative Work Schedule (4/10)

I request consideration and approval to participate in the following alternative work schedule:

4/10 (Four ten-hour days per week)

Effective dates: Beginning: \_\_\_\_\_ through \_\_\_\_\_

| WEEK 1  | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------|---------|-----------|----------|--------|
| <b>Start Time:</b>                                    |        |         |           |          |        |
| <b>End Time:</b><br>(includes 30 minute unpaid lunch) |        |         |           |          |        |
| <b>Hours Worked or Charged:</b>                       |        |         |           |          |        |

*(See your Manager for available start/end times to ensure department coverage.)*

I understand that this schedule may be modified or cancelled in accordance with the Alternative Work Schedule Policy. Participation is not an employee right or benefit and may be discontinued by either party with 30-day notice for monthly employees or one-week notice for weekly employees.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Division/Section Head Signature Date

\_\_\_\_\_  
Workforce Resources & Development Signature Date

Approved  
 Not Approved

Approved  
 Not Approved

Approved  
 Not Approved