



Department of Real Estate
Human Resources
ALTERNATE WORK SCHEDULE ELECTION



EMPLOYEE NAME	POSITION NUMBER
CLASSIFICATION	DIVISION/UNIT/SECTION

Effective * _____, I would like to enroll in the following Alternate Work Schedule checked below:

9/8/80 Schedule

9 – Hour Days	WORK HOURS		
8 – Hour Day	WORK HOURS	DAY OF WEEK	BEGINNING DATE OF 8-HOUR DAY
Day Off	DAY OF WEEK	BEGINNING (MUST BE SAME DAY AS 8-HOUR DAY IN CORRESPONDING WEEK)	

4/10/40 Schedule

Day Off	DAY OF WEEK
10 – Hour Days	WORK HOURS

Other

Effective * _____, terminate my participation in the Alternate Work Schedule Program.

* Alternate Work Schedules are to **be implemented or terminated on the first day of the pay period.**

I understand that the Alternate Work Schedule Program is considered a privilege and not a right and therefore, may be changed or canceled at any time with appropriate advance written notice in accordance with the provisions in the applicable bargaining unit contract. In addition, I understand that I may terminate my participation in the Alternate Work Schedule Program with appropriate advance written notice. Variations or modifications of established alternative work schedules are at the discretion of the supervisor/manager. Any abuses to the Alternate Work Schedule Program may result in the termination of an alternate work schedule.

I understand that, it is necessary to maintain a minimum of 40 hours of leave credits (excluding sick leave) to continue participation in the Alternate Work Schedule Program.

I understand that, at certain times, it may be necessary for me to revise my schedule in order to ensure critical deadlines are met, to attend training or meetings, and if serving on jury duty for more than one week.

I understand and agree to abide by the terms, conditions, and attendance reporting requirements for the alternate work schedule I have selected as outlined in the Departmental Procedures Memorandum (DPM-PERS) 14-04.

I further understand that should my work schedule for the month be less than the required number of hours required, the difference will be offset in the following order: 1) a charge against accrued excess hours; 2) other leave credits (excluding sick leave) or; 3) approved dock.

Employee's Signature	Date
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The above employee has been **approved for participation in the Alternate Work Schedule Program** and has been given the Alternate Work Schedule DPM-PERS-14-04. The approved Alternate Work Schedule form (RE141) is to be forwarded to the Human Resources Office and will become a part of the employee's Official Personnel Folder.

The above employee has been **denied participation in the Alternate Work Schedule Program** in accordance with the provisions in the applicable bargaining unit contract.

Supervisor's Signature	Date	Manager's Signature	Date
Personnel Specialist's Signature			Date