



HUMAN RESOURCES DEPARTMENT  
**ALTERNATIVE WORKWEEK SCHEDULE CHANGE FORM**

Change requested by:  Employee  District

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Form Instructions:**

- Schedule must begin on Monday and end on Sunday.
- Make certain to fill in start and end times.
- Must include 30, 45, or 60 minute meal period.

**Time off must be reported in hourly increments (i.e., 9/80 must report 9 hours for full day off work).**

**Current Assignment:**

Day of Week	Start Time	End Time	Type of Schedule	Please $\checkmark$ One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule (8 hours or less, start & end times vary)	
Wednesday			Compressed Schedule - 4 days/10 hours	
Thursday			Compressed Schedule - 9 days/80 hours	
Friday			Special Notes:	
Saturday				
Sunday				

**Proposed Assignment:**

Day of Week 1	Start Time	End Time	Type of Schedule	Please $\checkmark$ One
Monday			Regular (8 hours or less per day)	
Tuesday			Flexible Schedule (8 hours or less, start & end times vary)	
Wednesday			Compressed Schedule - 4 days/10 hours	
Thursday			Compressed Schedule - 9 days/80 hours	
Friday			Week 1 Special Notes:	
Saturday				
Sunday				
Day of Week 2	Start Time	End Time		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Temporary Change  Permanent Change

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Date \_\_\_\_\_

