

REQUEST FOR AN ALTERNATIVE WORK SCHEDULE (AWS)

This form is to request participation in the Alternative Work Schedule (AWS) program, change your existing alternative work schedule option, or discontinue participation in the alternative work schedule program. Complete the information below and forward your request to your supervisor for consideration.

Employee's Section:

- Start AWS
 Change Current AWS
 Discontinue AWS

Select AWS Option:

Flexible Work Schedule:

- indicate work hours and lunch period

I understand this schedule may be discontinued or altered at any time depending upon the staffing needs of the agency.

Employee's Name (Please Print)	Date	Employee's Signature
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Supervisor's Section:

I understand it is my responsibility to ensure the office is open for business during scheduled office hours with adequate staff to serve the needs of the public and administration.

Approved _____ Disapproved _____ *If approved, alternative work schedule approved, if different than requested above:* _____

<i>Supervisor's Signature</i>	<i>Date</i>	<i>Next Level Supervisor's Signature (If Applicable)</i>	<i>Date</i>
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Human Resource Director Initial's _____