**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 [ ]  Continue Current AWS

**Select AWS Option:**

**Flexible Work Schedule:**

**[ ]** -indicate work hours and lunch period**:**

**Reduced Work Schedule:**

 [ ]        -hour work week. Indicate preferred schedule including lunch period:

**Compressed Work Schedule:**

 [ ]  -indicate work days and work hours including lunch period:

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

Employee’s Name (Please Print) Employee Number Date Employee’s Signature

***Supervisor’s Selection:***

*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 [ ]  If approved, alternative work schedule approved, if different than requested above:

Disapproved [ ]  If disapproved, state reason for denial:

Supervisor’s Signature Date Next Level Supervisor’s Signature (If Applicable) Date

 Human Resource Manager Initials

Forward all forms approved and denied to agency human resource manager.