

ALTERNATE WORK SCHEDULE APPLICATION

Fiscal Year: _____ **Start Date:** _____ **End Date:** _____

Employees interested in an alternative work schedule must complete and present this application to their immediate supervisor for review and approval. The immediate supervisor will review, sign, and send to next-level supervisor for final approval and signature. Once approved and signed, a copy of this application must be submitted via the **Approved Flexible Work Arrangement (FWA) Submission Form**. HRSTM does not approve the application. The alternative work schedule arrangement is subject to review and renewal periodically per the **Flexible Work Arrangements Policy and Procedures (32500CP)**.

Employee's Name: _____ Job Title: _____

Department/Division: _____ Supervisor: _____

Campus/Work Location: _____ M#: _____

AWS Type

Compressed Work Schedule

Step 1: FLSA Status

<input type="checkbox"/> Non-Exempt Employees in position designated as non-exempt in accordance with the Fair Labor Standards Act (FLSA) and who are entitled to overtime pay at the rate of time and one-half.	<input type="checkbox"/> Exempt Employees in an occupational class designated as exempt in accordance with the FLSA.
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*To verify non-exempt or exempt status, Go to Profile on the **Workday home page** (icon upper right) to confirm whether you are hourly or salary for time tracking and leave. In your Profile, under Job Details, click on your Position and scroll down to view Job Exempt to confirm whether you are paid hourly (Job Exempt: No) or by salary (Job Exempt: Yes).*

Step 2: Work Schedule

Non-Exempt Options (choose one):

Exempt Options (choose one):

<input type="checkbox"/> Schedule A: Four (4) 10-hour days <input type="checkbox"/> Schedule B: Four (4) 9-hour days and one (1) 4-hour day <i>Note: Non-exempt employees are not eligible for Schedule C.</i>	<input type="checkbox"/> Schedule A: Four (4) 10-hour days <input type="checkbox"/> Schedule B: Four (4) 9-hour days and one (1) 4-hour day <input type="checkbox"/> Schedule C: Eight (8) 9-hour days and one (1) 8-hour day each biweekly pay period
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Comments:

Flexible Work Time

Current Work Hours:	
New Work Hours:	
Time Period: (Fixed, e.g. three weeks, full term, or variable, e.g. day-to-day/as needed)	

Comments:

Employee Certification

I verify that I have read the above information and affirm that my offsite workspace at my Alternate Work Location is a safe place to work by answering yes to all questions.

By submitting this AWS Application, I acknowledge that I have read, understand, and affirm that I will comply with the College's **Flexible Work Arrangements Policy and Procedures (32500CP)**.

Employee Signature

Date

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Supervisor Approvals

Immediate Supervisor

I have discussed the applicable alternative work schedule with the above-named employee. Based on the employee's assessment, job responsibilities, and performance in his or her current position, I have determined that this employee is:

_____ is approved for the requested alternative work schedule.

_____ is not approved for the requested alternative work schedule. If application is not approved by the immediate supervisor, please provide an explanation below:

Immediate Supervisor Signature

Date

Next-Level Supervisor

I have reviewed the AWS application and agreement for this employee, and I:

_____ support and provide my approval.

_____ do not support and do not provide my approval. If application is not approved by the next-level supervisor, please provide an explanation below:

Next-Level Supervisor Signature

Date

Once fully approved and signed, a copy of this AWS Application must be uploaded via the **Approved FWA Submission Form**. Please note that HRSTM only maintains copies of all flexible work arrangements for employee records and does not approve the application or agreement.