



## Alternate Work Schedule Application

Employees who are interested in working an alternate work schedule must complete this agreement and submit it to their immediate supervisor for review and approval. The immediate supervisor will review, sign, and send to the next-level supervisor for final approval.

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Campus/Work Location \_\_\_\_\_ MC ID: \_\_\_\_\_

**Employee:** Select Either Compressed Work Week or Flexible Work Time

### Compressed Work Week

Please identify your occupational class status (select one):

#### Non-Exempt

*(Employees in an occupational class 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)*

#### Exempt

*(Employees in an occupational class designated as exempt in accordance with the (FLSA).*

*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).*

### Requested Work Schedule

#### EXEMPT (choose one):

Four ten-hour days (Schedule A)

Four nine-hour days and one four-hour day (Schedule B)

Eight nine-hour days and one eight-hour day for a two-week pay period (Schedule C)

#### NON-EXEMPT (choose one):

Four ten-hour days (Schedule A)

Four nine-hour days and one four-hour day (Schedule B)

*Note: Non-exempt are not eligible for schedule C.*

**Effective Dates** (Must occur at beginning of a pay period):

Begin Date \_\_\_\_\_

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

### **Flexible Work Time**

**Current work hours:**

**New work hours:**

**Time period:**

(Fixed e.g. three weeks or variable e.g. day-to-day/as needed)

I have discussed my potential to work a compressed work week with my supervisor. I have read the College's [Flexible Work Arrangements policy and procedures \(32500CP\)](#) and understand that an alternate work schedule is not an entitlement and can be revoked with proper notice. This agreement must be renewed annually per the above policy.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## Approvals

I have discussed the possibility of an alternate work schedule with the above-named employee. Based on the employee's assessment, job responsibilities, and performance in his or her current position I believe this employee:

is:

is not:

a candidate for an alternate work schedule and I have informed the employee of the outcome of this process.

---

Immediate Supervisor Signature

---

Date

---

Title

---

Next Level Supervisor Signature

---

Date

---

Title

If application is not approved, provide explanation below.