Alternative Work Schedule Request Form

An “Alternative Work Schedule” is an agreement between a staff member and the college regarding a regular exception to “normal” work hours for the position. Allowing an alternative work schedule is at the discretion of the college, and may be terminated by either the staff member or the college, with or without cause, with reasonable notice. Reasonable notice may require, on the part of either party, time necessary for a transition back to “normal” work hours. This set of expectations is not a contract of employment and may not be interpreted as such.

The duties, responsibilities, and conditions of employment remain unchanged. A staff member working an alternative work schedule is expected to complete the responsibilities of the position as if the staff member were working “normal” work hours for the position.

Overtime compensation (for non-exempt staff) and vacation and sick leave will continue to be based on time worked during the alternative work schedule. According to the terms of this Agreement, the alternative work schedule is attached (attach a copy of work schedule. For non-exempt staff, this specification must be in accordance with FLSA guidelines and should include meal breaks). If the staff member needs to change this schedule, he or she agrees to obtain advance written approval from the supervisor.

The alternative work schedule will begin on (specific start date) and is scheduled to end on (specific end date) the following dates:

Begin Date ___________________________ Scheduled End Date ___________________________

I have read and understand the above expectations relating to the alternative work schedule. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of the opportunity to benefit from an alternative work schedule.

________________________________________________________________________
Staff member’s name (printed) Staff member’s signature

________________________________________________________________________
Supervisor’s name (printed) Supervisor’s signature

________________________________________________________________________
Vice President’s signature Human Resources signature