

# University Library

## REQUEST FORM FOR AN ALTERNATIVE WORK SCHEDULE

Name \_\_\_\_\_ Job Classification \_\_\_\_\_

Date \_\_\_\_\_

I request permission to begin a work schedule of (check one):

\_\_\_\_\_ 10 hours/3 days + 5 hours/2 days = 40 hours

\_\_\_\_\_ 9 hours/4 days + 4 hours/1 day = 40 hours

\_\_\_\_\_ 10 hours/4 days = 40 hours

This schedule would be effective \_\_\_\_\_ term.

I agree to remain on that schedule for the full duration of the academic term. I intend this change to be (circle one) permanent/temporary.

If temporary, please circle term desired:   spring/summer   fall   winter

Employee's schedule effective \_\_\_\_\_ term(s):

Hours	
Sun	
Mon	
Tue	
Wed	
Thu	
Fri	
Sat	

Reason for the change in schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Supervisor's comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Department head's comments (optional) \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

This form must be submitted whenever any Library employee wishes to change from a 5-day work schedule to any of the above or vice versa.