ALTERNATIVE WORK SCHEDULE REQUEST

Employee_____ Date_____

Work Unit_____

Type of Schedule Requested

Flexitour* Gliding Schedule** Compressed Schedule:*
5-4-9 4-10

Week 1	**Start**	**Departure**
Mon		
Tue		
Wed		
Thu		
Fri		

Week 2	**Start**	**Departure**
Mon		
Tue		
Wed		
Thu		
Fri		

For the Supervisor:

Approved Not Approved Needs Discussion

Effective Date of Change:

Signature:_____ Date:_____

*If you select the flexitour or compressed schedule, indicate your proposed starting and departure times in the space provided above.
**If you select the gliding schedule, it is not necessary to indicate starting and departure times. However, it would be helpful if you would provide what you expect to be your "normal" arrival time to assist in the planning of workload and approval of schedules of the entire office.

(9/96)