ALTERNATIVE WORK SCHEDULE REQUEST

Add	Cn	nange _							
Program Area:						Center	#		
Employee Name			Employee Signature						
Employee #		Eı	mployee	Position	ı:				
Compressed W	ork Schedule	2:							
WEEK #1		SAT	SUN	MON	TUE	WED	THU	FRI	TOTA
Time In:									
Time Out:									
Lunch: (time al ex: 30 min									
Hours Worked	:								
					1			I	
WEEK #2		SAT	SUN	MON	TUE	WED	THU	FRI	TOTA
Time In:									
Time Out:									
Lunch: (time al ex: 30 min									
Hours Worked	:								
Flexible Work	Schedule:								
Flex Time Hour	s:								
Core Hours:									
Program Appr	oval								
Supervisor:	Name:					_	Date _		
	Signature:								
Director:	Name:			 		_	Date _		
	Signature:								

HR __