

ALTERNATE/COMPRESSED SCHEDULED REQUEST

Name: _____ Date: _____

Department: _____ Title: _____

Proposed Schedule

Day of the Week	Date	Start Hour	Meal Period	End Hour
Sunday			to	
Monday			to	
Tuesday			to	
Wednesday			to	
			to	
Thursday			to	
Friday			to	
Saturday				

Total number of work hours per work week: _____

ALTERNATE/COMPRESSED SCHEDULE AGREEMENT

I have read and acknowledge all provisions in *Policy 5.05 Flextime & Compressed Work Week Schedule* and agree to work the approved alternate work schedule from _____, 20__ to _____, 20__.

Employee Signature _____ Date _____

Please Note:

- The Fair Labor Standards Act (FLSA) requires that overtime compensation be paid at one and one-half time the regular hourly rate for each hour worked over 40hours during the non-exempt employee's designated workweek.
- Averaging work hours over different workweeks is not permitted.

DEPARTMENT DIRECTOR ACTION

Request Recommended: From _____, 20__ To _____, 20__

Request Denied-Comments: _____

Department Director _____ Date _____