

Tarleton State University Alternate Work Schedule Request

08/2005

Name _____

UIN _____

Title _____

Department _____

I request that I be permitted to work the alternative work schedule outlined below.

Instructions: In the "Work Times" column, fill in the specific hours you propose to work each day; for example, 8 a.m. to noon, 1 p.m. to 5 p.m. Total the number of hours you will work each week in the last row of the "Total Hours" column. If you are nonexempt (eligible for overtime pay/compensatory time), you may not schedule more than 40 hours during a Monday through Sunday workweek.

Day	Work Times	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total		

Explain any variations to the above schedule: _____

I am **nonexempt (eligible for overtime)** **exempt (not eligible for overtime)**

I believe that my work can be completed within the above schedule with no loss of customer service or disruption to others in my department. I understand that my supervisor may require me at any time for any reason to return to the regular departmental work schedule. I agree to do so upon request. I also understand that I must submit a new Alternate Work Schedule Request anytime I wish to make a change in my schedule, including a change back to regular work hours.

Employee Signature

Date

Approved

Supervisor's Signature

Date

HR Officer's Signature

Date

Department Head's Signature

Date

Other Administrator's Signature

Date

Vice President's/Executive Director's Signature

Date

President's Signature

Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.