

Tarleton State University Alternate Work Schedule Request

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, 1p.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. Please do not email this form, you may drop off in person to Employee Services or fax to: 254-968-9590