Alternative Work Schedule Request

Name: _____ **Title:** _____

Department: _____ **Supervisor:** _____

Requested alternative work schedule (Please check one and indicate proposed schedule):

☐ **Daily flex-schedule**

Example of Daily Schedule
Monday through Friday 9:00 AM 5:30 PM

_____

☐ **Compressed Workweek Schedule (Four 10 hour days)**

Example of Compressed Workweek Schedule (Four 10-hour days)
Monday through Thursday 8:00 AM 6:30 PM

_____

EMPLOYEE

I have read the alternative work schedule policy and understand that alternative work scheduling is not an entitlement and that it is not appropriate for every employee. I understand that alternative work scheduling can be terminated at any time by my supervisor or the Illinois Mathematics and Science Academy or by me if such change does not interfere with providing efficient and effective services to our multiple constituencies.

Employee Signature: _____ **Date:** _____

SUPERVISOR

I have discussed alternative work scheduling with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position, and I recommend approval of this request.

Supervisor Signature: _____ **Date:** _____

PLEASE FORWARD THIS FORM TO HUMAN RESOURCES

HR Signature: _____ **Date:** _____