



ALTERNATE WORK SCHEDULE REQUEST FORM

Instructions: Please complete this form and submit it to your immediate supervisor. Check the schedule option that you are requesting and fill in the proposed hours where applicable

	Date Received:	Received by:		
Employee Name:	PeopleSoft #:	Job Title:		Date:
<input type="checkbox"/> Overtime Eligible Employee, or <input type="checkbox"/> Overtime Exempt Employee	Department:		Supervisor Name:	

I am requesting a (check one (1) type of schedule and one (1) lunch option):

- Fixed Flexible Schedule** to include a half (1/2) hour lunch OR one (1) hour lunch.
 Compressed Work Schedule to include a half (1/2) hour lunch OR one (1) hour lunch.

Proposed Calendar: Indicate a start and end time each day accounting for the lunch option selected above. Indicate day(s) off by putting an "X" in the appropriate box. Do not leave any boxes blank.

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Week 1						
Week 2						

Employee acknowledgement:

By my signature below, I acknowledge and agree that I am responsible for complying with **IDOH Work Schedules Policy** as well as all applicable policies as directed by the Indiana State Personnel Department. My failure to adhere to said policies may result in disciplinary action, up to and including dismissal from employment.

Signature of Employee	Date
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Agency Management and Leadership Decision

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Modified	<input type="checkbox"/> Revoked
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Signature of Supervisor or Agency Management	Date
Signature of Agency Leadership or Designee	Date

Comments and/or reason for denial, modification or revocation: