

Application for Alternative Work Schedule

Section I. Employee Information

Employee Name: _____ Work Location _____

Title: _____ Phone Number: _____

Division/Section: _____ Email: _____

Section II. Schedule Information

Option: 5-Day Flex 4-Day Flex 9-Day Flex

Current Work Schedule: _____

Proposed Work Schedule: _____

Section III. Write a brief statement describing how this alternative work schedule will impact the Department of Information Technology and/or the agencies it supports.

Impact Statement:

Section IV. By signing below, the employee, supervisor/manager, and the appointing authority acknowledge that he/she has read the undersigned Department of Information Technology Alternative Work Schedule Policy and agree to abide by all of the conditions set forth in the Department of Information Technology Alternative Work Schedule Policy.

Employee Signature: _____ Date: _____

Supervisor/Manager: _____ Date: _____

Director/
Appointing Authority: _____ Date: _____

Section V.
To be completed by OIT Human Resources

Application Received _____ Initial Review Date _____ CIO Approval: Y / N

Notification sent to employee _____