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| --- |
| **Stephen F. Austin****Compressed Work Schedule Request** |
| Employee Name:  |       | Job Title:  |       |
| Department:  |       |  |  |
| **Please check the proposed schedule, designate proposed arrival/departure times, the proposed work days and lunch hour.**  |
|  |
| [ ]  4/10/40 (Four ten hour days each work week) | Arrival time:  |       a.m.  |
|  | Departure time |       p.m.  |
|  | Work days (Check all that apply) | [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday  |
|  | Lunch hour:  |       |
|  |  |  |
| [ ]  9/8/80 (Eight nine hour days, 1 eight hour day for 80 hours in two week period).  | Arrival time:  |       a.m.  |
|  | Departure time |       p.m.  |
|  |  |  |
|  | Lunch hour:  |        |
|  | Day off in week two:  | [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ] Saturday |
|  |  |  |
| [ ]  4/9/4 (Four nine hour days and 1 four hour day in a workweek).  | Arrival time: |       a.m.  |
|  | Departure time |       p.m.  |
|  | Lunch Hour:  |       |
|  | Check four hour work day:  | [ ]  Monday [ ]  Tuesday [ ]  Wednesday[ ]  Thursday [ ]  Friday [ ]  Saturday |
|  |  |  |
| **I** **fully understand that approved alternative work schedules are a privilege and not a right. I further understand that an approved alternative work schedule can be cancelled for reasons set forth in the guidelines for alternative work schedules**.  |
| Employee Signature:  |  | Date:  |  |
|  |  |  |
| Supervisor Recommendation  | [ ]  Approve[ ]  Disapprove | Comments:       |
| Supervisor Signature:  |  | Date |       |
|  |  |  |
| Department Director  | [ ]  Approve[ ]  Disapprove | Comments:       |
| Department Director Signature:  |  | Date:  |       |