

Summer Optional and Limited Alternative Work Schedule Employee Request

Employee Name: _____

CWID: _____ Cell Phone: () _____

Please select your scheduling request (choose one) from the options listed, below:

- Flexible Work Schedule with 1-hour Lunch:
 - Between 6 a.m. and 7 p.m., what is your ideal 9-hour day? _____am - _____pm

- Flexible Work Schedule with 30-minute Lunch:
 - Between 6 a.m. and 7 p.m., what is your ideal 8.5-hour day? _____am - _____pm

- 4-Day Work Schedule with 30-minute or 1-hour Lunch:
 - Between 6 a.m. to 7 p.m. what is your ideal 10-hour day? _____am - _____pm
 - What are your top two choices for the fifth day off? 1) _____ 2) _____

- 4 ½ -Day Work Schedule with 30-minute or 1-hour Lunch
 - Between 6 a.m. and 7 p.m., what is your ideal 9-hour day? _____am - _____pm
 - Between 6 a.m. and 7 p.m., what is your ideal 4-hour day? _____am/pm - _____am/pm
 - What are your top two choices for the half day off? 1) _____ 2) _____

Reminder: Requests require supervisor approval and your assurance that your job still can be accomplished in these flexible formats.