

9/80 ALTERNATE WORKWEEK SCHEDULE REQUEST

PART 1 – EMPLOYEE

Employee Name

Dept/Div

Classification

Employee Number

New Benefit Status

Effective Date

If I choose the option of four 9-hour days one week and four 9-hour days and one 8-hour day the other week of the pay period, I understand that my workweek will be re-designated to begin in the middle of the 8-hour work shift and will end the following week on the same day and time, a period of 7 consecutive 24 hour periods. I further understand that if I choose this option, ***I cannot begin my alternate workweek until it has been approved by Personnel.*** I understand that per MOU laws, any alternate schedule or workweek I choose may be changed due to the needs of the department and that I will receive notice of the change in advance.

Employee Signature

Date

PART 2 – DESIGNATED 9/80 SCHEDULE

☐ Monday to Monday

☐ Friday to Friday

PART 3 – PAYROLL CLERK/ SUPERVISOR

Signature

Date