

CI ALTERNATE WORK SCHEDULE PROGRAM

APPROVAL FORM

This form must be used to document employee request, supervisor recommendation, and Division Vice President approval of participation in the CI Alternate Work Schedule Program. Copies of the approved form must be submitted to Human Resources Programs for processing. Employees are expected to be present during assigned hours unless they are on approved leave. Employees must submit a completed Time & Attendance form along with a printed copy of the electronic AWS form to Payroll each month while participating in the program. Participation in the program is voluntary and may be terminated at any time based on operational need or failure to follow participation guidelines.

9/80 Alternative Work Schedule

A 9/80 Alternative Work Schedule consists of 80 hours worked during a two-week period. The first week consists of four 9-hour days and one 8-hour day. The second week consists of four 9-hour days and one day off.

Section I (to be completed by the employee)

I would like to participate in the CI Alternate Work Schedule Program. If my request to work a 9/80 work schedule is approved, my selected day off will be _____ (indicate day of week).

Effective Date: _____

Print Name: _____

Signature: _____ Date: _____

Section II (to be completed by the appropriate department administrator)

_____ I recommend this schedule.

_____ I do not recommend this schedule for the following reasons:

Signature: _____ Date: _____

Section III (to be completed by the Division Vice President)

_____ I concur with the supervisor's recommendation.

_____ I do not concur with the supervisor's recommendation for the following reasons:

Signature: _____ Date: _____