



METROPOLITAN STATE UNIVERSITY of DENVER ALTERNATIVE WORK SCHEDULE REQUEST/AGREEMENT

I. Employee

Name: _____ Date: _____

Position/Title: _____ Exempt Non-Exempt

Department: _____

II. Department Operating Hours: _____

III. Workweek

Current Schedule	Start/Stop Times	Hours	Proposed Schedule	Start/Stop Times	Hours
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Work Hours	40		Total Work Hours	40	

IV. Suitability

How will the proposed schedule affect the ability of you and your work unit to get the job done? Please address issues such as the extent your work depends on students or other staff, requires the presence of a supervisor, how can productivity be measured, and describe the impact on co-workers and customer service.

V. Approvals

Alternative work scheduling is a management tool and the primary consideration is always the department's need. Approval of an alternative work schedule is at the sole discretion of the director. It is a privilege, not a right or benefit, and an approved schedule may be discontinued or modified at any time.

Employee signature: _____ Date: _____

Director signature: _____ Date: _____

AVP signature: _____ Date: _____

VP signature: _____ Date: _____

Approved. Effective Date: _____ End Date (if temporary): _____

Declined. Reason: _____