

**Instructions:**

Requests for alternate work schedules (any schedule other than Monday through Friday, eight hours per day (4hrs per day for 0.5 FTE, etc.) should be considered on a case-by-case basis in light of operational needs. All requests should be reviewed by the appropriate department administrator for approval. Personnel Services Representatives must be informed of all alternate work schedules and/or work schedule changes for nonexempt employees.

Send this completed, signed and approved form to the [classcomp@sjsu.edu](mailto:classcomp@sjsu.edu). Please retain a copy for the department records.

<b>EMPLOYEE INFORMATION</b>						
Employee Name:					Employee ID:	
Department:						
FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Time Base:	Bargaining Unit:	Classification:		
<input type="checkbox"/> Employee Request <input type="checkbox"/> Department Request (see CBA regarding schedule change)				<input type="checkbox"/> New Employee		
Sign:				Date:		
Schedule effective date:		Type of alternate work schedule requested: <input type="checkbox"/> 9/80 <input type="checkbox"/> 4/10 <input type="checkbox"/> 3/12 <input type="checkbox"/> Other:				
Please state the Start (S) and End (E) time for each workday below for Week 1:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
S:	S:	S:	S:	S:	S:	S:
E:	E:	E:	E:	E:	E:	E:
Please state the Start (S) and End (E) time for each workday below for Week 2 (for 9/80 and 3/12)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
S:	S:	S:	S:	S:	S:	S:
E:	E:	E:	E:	E:	E:	E:
Please list any additional schedule information:						
Describe any conditions/reasons for this alternate work schedule:						
<b>DEPARTMENT REVIEW</b>						
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Manager/ Supervisor/Chair Name:			Phone:	
Manager/ Supervisor/Chair Signature:					Date:	
<b>UP USE ONLY</b>						
PS Representative:					Date Entered in PeopleSoft:	