



Employee Request for Long-Term Alternate Schedule

Employee requests for flex time/schedule adjustments within a pay period (standard work week) are reviewed and approved in advance by the Division/Department Head, and subject to the terms of the employee's Collective Bargaining Agreement or the *Employee Guidebook for Non-Bargaining Unit Employees*. Such requests may be granted on a case-by-case basis balancing departmental and employee needs. If the request is beyond an incidental basis (a request longer than 5 consecutive business days and up to 12 consecutive weeks in length), the request must be made using this form. Approval of a long-term alternate schedule will be considered in relation to the impact on other employee workloads and the department's obligations to deliver services in a timely and efficient manner. Certain positions may not be eligible for alternate schedules based on the nature of the work.

An *Employee Request for Long-Term Alternate Schedule* may be submitted for an initial period of approval of up to three months. Any request for a long-term alternate schedule that would – if approved by the Department Head – exceed 3 months within a 12 month period must also be reviewed and approved by the City's Director of Personnel. All approved *Employee Request for Long-Term Alternate Schedule* forms must be submitted to Personnel by the Department Head, to include in the employee's Personnel file. At the end date of the long-term alternate schedule, the employee may request an extension; extensions should also be made using this form and will require consultation between the employee's direct supervisor, Division/Department Head, and Personnel Director before moving forward with the approval process.

Please note employee records may be taken into consideration when evaluating alternate schedule requests.

IMPORTANT: An approved Long-term Alternate Schedule may be terminated or modified based on Department operational need at any time. Termination/modification must be sent in writing to the Employee and copied to Personnel. Department Heads must consult the Director of Personnel in advance of schedule termination/modification.

Employee: please fill out sections A-G below and submit form to your supervisor.

A Employee Name: _____ **B** Date of Request: _____

C Department/Division: _____

D Specific adjustment to work hours being requested: _____

E Beginning and ending dates of the alternate schedule request: _____ to _____

F Reason for request: _____

G Signature of employee making the request: _____

APPROVAL SIGNATURES

☐ Approved as requested

☐ Approved with modifications below

Specific adjustments to work hours (if different from employee request): _____

Beginning and ending dates of alternate schedule (if different from above): _____ to _____

Signature of Direct Supervisor: _____ Date: _____

Signature of Division Head (if applicable): _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of Personnel Director (as required): _____ Date: _____

EXECUTED REQUEST *to be filled out by Personnel Department*

☐ copy to employee

☐ copy to Department Head

☐ copy to Personnel File