



Alternative Work Schedule Request Form

Employee Name: _____ Employee Number: _____

Classification: _____ Department/Division: _____

Please fill out the tables below for the desired schedule you wish to work and submit this request to your supervisor for review and approval. For FLSA non-exempt employees, a total of 40 hours must be worked each week.

NOTE: Departments may establish core hours that each of their employees must work daily and may determine the length of an employee's lunch break (so long as it is in compliance with Oregon Law).

	Start	Lunch	End	Total Hours
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 2 (if applicable)

	Start	Lunch	End	Total Hours
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Justification / Additional Comments:

I request that the above schedule become effective (beginning of a pay period) on: _____

I am requesting a temporary adjustment to my schedule from (beginning of a pay period) on: _____
end on: _____ (end of a pay period).



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Acknowledgement:

I understand that an alternative work schedule is a privilege that is voluntary and may be terminated at any time by the County. My supervisor or Appointing Authority can, at any time during the period covered by this request, require me to return to a five (5) day, eight (8) hour per day work schedule or other established department schedule.

An alternative work schedule does not change my salary, job responsibilities, or benefits. I agree to comply with all existing job requirements and expectations.

I have read and understand [Policy 310](#) and [Procedures 310-A](#) regarding Alternative Work Schedules and I agree to abide by the terms and conditions outlined. I agree that the sole purpose of this agreement is to establish an alternate work schedule and that it neither constitute an employment offer nor amends any existing employment conditions.

Signature of Employee: _____ Date: _____

APPROVED

Signature of Supervisor: _____ Date: _____

Signature of Appointing Authority or Designee: _____ Date: _____

A copy of this approved schedule shall be retained by the employee and their supervisor.