**ALTERNATIVE WORK SCHEDULE RENEWAL REQUEST**

*For new Alternative Work Schedule Requests, please complete the Alternative Work Schedule Request*

[Alternative Work Schedule Policy](http://www.uwgb.edu/UWGBCMS/media/hr/policies/AlternativeWorkSchedulePolicy.pdf)

The success of alternative work schedules is dependent on a mutually beneficial arrangement for the university, the unit/department, and the employee. This form is to be completed by the employee who is requesting to continue an alternative work schedule.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | |
|  | | | | | |
| Employee Name: |  | | Department: | |  |
| UW System Title: |  | | FTE %: | |  |
| Working Title: |  | | Supervisor: | |  |
|  | | | | | |
|  | | | | | |
| **CURRENT ALTERNATIVE WORK SCHEDULE** | | | | | |
|  | | | | | |
|  | | | | | |
| Original request date: |  | | | | |
|  | | | | | |
|  | | | | | |
| **RENEWAL REQUEST** | | | | | |
| I have reviewed my original Alternative Work Schedule Request and am requesting the same Alternative Work Schedule for the period noted below. All information pertaining to my original request will remain the same for the duration of this renewal period. I agree to the proposed adjustment in work schedule over the duration of the agreement period. It is understood that the modified scheduled hours and days of the week of this position are subject to the changing academic and business needs of the university. The university reserves the right to adjust schedules accordingly and will make every effort to provide adequate notice. | | | | | |
|  | | | | | |
| Agreement Start Date: | |  | End Date: | |  |
| *Agreement should not exceed 12 months.* | | | | | |
|  | | | |  |  |
| *Employee Signature* | | | |  | *Date* |
|  | | | | | |
| **AUTHORIZATION** | | | | | |
|  | | | |  |  |
| *Supervisor* | | | |  | *Date* |
|  | | | |  |  |
| *Dean/Division Head* | | | |  | *Date* |
|  | | | |  |  |
| *Area Leader* | | | |  | *Date* |
|  | | | |  |  |
| *Human Resources* | | | |  | *Date* |
|  | | | |  |  |
| *Position Review Committee Chair* | | | |  | *Date* |
|  | | | | | |
| *If denied at any time, please complete this section, provide employee with a copy and send original to HR.* | | | | | |
| Reason for denial: |  | | | | |
|  | | | | | |
| **FORWARD COMPLETED FORM TO HUMAN RESOURCES** | | | | | |