**ALTERNATIVE WORK SCHEDULE REQUEST**

*[For annual renewal, please complete the Alternative Work Schedule Renewal Request](http://www.uwgb.edu/UWGBCMS/media/hr/forms/AlternativeWorkScheduleRenewal.docx)*

[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 an alternative work schedule and submitted to the supervisor. The form is designed to facilitate a positive discussion between the supervisor and the employee. It is important that all questions are answered and the supervisor and employee review the answers together to determine feasibility. Alternative work schedules are not considered a right of employment. In the event that the supervisor and employee cannot reach agreement regarding the feasibility of an alternative work schedule, the request will be denied.

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| **EMPLOYEE INFORMATION** |
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| Employee Name: |  | Department: |  |
| UW System Title: |  | FTE %: |  |
| Working Title:  |  | Supervisor: |  |
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| **REQUEST**  |
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| Describe your current work schedule and include your length of time in the position. |
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| List the proposed schedule of work hours including lunch and/or other break times. |
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| List the reason(s) for alternative work schedule request.  |
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| Describe your availability for staff meetings, discussions with co-workers and supervisor, and other group times.  |
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| If you are supervising others, describe how you will maintain those responsibilities and ensure connectedness with those you supervise. Address subordinates’ abilities to work independently. |
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| Address how service may be affected.  |
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| How will you ensure that an alternative work schedule does not inadvertently have a negative impact on your colleagues or their workload? |
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| *Employee Signature* |  | *Date* |

**ALTERNATIVE WORK SCHEDULE AGREEMENT**

Alternative work schedules are available to employees deemed eligible by the University of Wisconsin-Green Bay. Alternative Work Schedule Agreements are granted at the discretion of the employer.

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| **AGREEMENT INFORMATION** |
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| Employee Name: |  | Department: |  |
| Agreement Start Date:  |  | End Date:  |  |
| *Agreement should not exceed 12 months.*  |
| Other conditions of agreement:  |  |
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This agreement is established between the University of Wisconsin- Green Bay and the Employee noted above. This agreement shall cover the period noted above or as modified or rescinded by the supervisor and/or division head, employee, or other university administration. In the event that either the university or the employee needs to withdraw from the Agreement, a two-week notice shall be given unless a work place emergency necessitates immediate suspension. Normally, if the university needs to withdraw from the Agreement, it will give the employee two weeks’ notice. However, the university retains the right to suspend the Agreement at any time.

Every three months or upon the request of the supervisor and/or division head or other university administration, the Agreement will be reviewed by the supervisor and employee. A copy of the Alternative Work Schedule Request should be attached to this Agreement.

This Agreement is subject to the following conditions being met on a continuing basis:

1. The alternative work schedule does not interfere with normal interactions with supervisor, fellow employees, and students.
2. The alternative work schedule does not adversely affect the ability of other employees to perform their work.
3. The employee ensures his/her accessibility to staff who maintain traditional hours and to attend regularly scheduled department matters falling outside the alternative work schedule.
4. Personal leave (vacation and sick leave) is handled in the same manner as prior to the implementation of an alternative work schedule.
5. The employee agrees to and follows an established work schedule.

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| **REQUEST** |
| 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.  |
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| *Employee* |  | *Date* |
| Employee: Sign, date and send request and agreement to Human Resources for review.  |
| **HUMAN RESOURCES REVIEW** |
| Comments:  |
| *Signature*  |  | *Date* |
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| **AUTHORIZATION**  |
|  |  |  |
| *Supervisor* |  | *Date* |
|  |  |  |
| *Dean/Division Head* |  | *Date* |
|  |  |  |
| *Area Leader* |  | *Date* |
|  |  |  |
| *Position Review Committee Chair* |  | *Date* |
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| *If denied at any time, please complete this section, provide employee with a copy and send original to HR.*  |
| Reason for denial:  |  |
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| **FORWARD COMPLETED FORM TO HUMAN RESOURCES** |