



# WORK SCHEDULE REQUEST

State Form 54325 (R / 1-15)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** Please complete this form and submit it to your immediate Supervisor. Check the schedule option that you are requesting and fill in the proposed hours where applicable. Pursuant to DCS Administrative Policy HR-2-11.

Name of employee	Identification number of employee
Name of supervisor / manager	

### Alternative Work Schedule:

Variable work hours with a minimum of seven and a half (7.5) hours each day and having an approved Fixed Start and end time that equals seventy-five (75) work hours within a pay period, as indicated on the calendar below.

I am requesting a (check one (1) type of schedule and one (1) lunch option):

- Fixed Flexible Schedule** to include a  half (½) hour lunch OR  maintain one (1) hour lunch
- Compressed Schedule** to include a  half (½) hour lunch OR  maintain one (1) hour lunch

### Proposed Calendar:

If an employee is overtime eligible, no more than thirty-seven and a half (37.5) hours per week may be scheduled. Do not leave any days blank. Indicate days off by putting an "X" in the Schedule box and a "0" in the Hours box.

#### Week 1:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours for Week 1
Schedule	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	
Hours						37.5

#### Week 2:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours for Pay Period
Schedule	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	
Hours						75

I understand that an alternative work schedule is a privilege, not a right. I am aware that DCS reserves the right to modify, deny, or revoke my alternative work schedule at any time. I agree to the terms as stated.

Signature of employee	Date (month, day, year)
-----------------------	-------------------------

#### FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Modified	<input type="checkbox"/> Denied	<input type="checkbox"/> Revoked
Approval of supervisor		Date (month, day, year)	
Approval of next level manager		Date (month, day, year)	
Comments and/or reason for denial or revocation:			

**DISTRIBUTION:** Original - Employee personnel file; Copy - Employee; Copy - Supervisor