



Alternative Work Schedule Participation Form

Employee Name: _____

Employee ID: _____ Department: _____

I have read and understand the [Alternative Work Schedule](#) policy and am requesting permission to participate in the Alternative Work Schedule program. I understand I may not begin, stop or change an Alternative Work Schedule until notified by HCM Payroll of the start or end date. Additionally, I understand that I may not change or stop participation in an Alternative Work Schedule until HCM provides confirmation of the date changes may be made.

I request to participate in schedule [AWS Calendar](#):

A B C D 10MON 10TUE 10WED 10THU 10FRI

Employee Signature _____ Date _____

I have reviewed the request for participation in the Alternative Work Schedule program listed above. This request is approved denied.

Immediate Supervisor _____ Date _____

HCM Use Only – The employee may begin the Alternative Work Schedule on _____

Human Capital Management _____ Date _____

Request to Change or Terminate Participation

I request to change terminate my participation in the Alternative Work Schedule program. I understand I must remain on the alternative work schedule until notified by HCM of a change or stop date.

Employee Signature _____ Date _____

I have reviewed the request to change or terminate participation in the Alternative Work Schedule program listed above. This request is approved denied.

Immediate Supervisor _____ Date _____

HCM Use Only – The employee may change or terminate the Alternative Work Schedule on _____

Human Capital Management _____ Date _____

OMES reserves the right at any time to return an employee participating in an Alternative Work Schedule to his or her standard schedule for any reason as determined by agency needs.