

Request for Alternative Work Schedule

Member Name: _____ Date: _____

Absence Request Request for Unscheduled Work Hours

Absence Request:

Ill (including family member) Other: _____

Date of Absence: _____ Length of Time: _____ (Hours)

I will make up my time on: _____ (Date) From: _____ to _____ (Times)

If extra space needed _____ (Date) From: _____ to _____ (Times)

If extra space needed _____ (Date) From: _____ to _____ (Times)

Approved Not Approved By: _____

Unscheduled Work Hours Request:

Date of Event/Assignment: _____ Anticipated Length of Time: _____ (Hours)

Purpose: _____

Location: _____

I will reduce my work week schedule by the same number of hours on:

Date: _____ From: _____ to _____ (Times)

I will not reduce my work week schedule

Approved _____ Not Approved By: _____
Hours