

Phone: (850) 644-7936 Fax: (850) 645-9510

ALTERNATE WORK SCHEDULE REQUEST

(A&P, USPS, Faculty)

To provide the opportunity to meet departmental, personal, and family needs, alternate or flextime work schedules may be requested by employees and authorized by supervisors and departments at any time during the year. Alternate work schedules may be permanent or temporary and requested by full-time or part-time employees. They must begin on a Friday and, if temporary, end on a Thursday to coincide with the University's workweek. The schedule must also equal the employee's appointed hours for each University workweek.

Employees may request an alternate work schedule by submitting this form to their supervisor for approval. Once approved by the supervisor and appropriate department authority, submit the completed form with the new schedule to Human Resources, Attendance & Leave HR-AttendanceLeave@fsu.edu. The form must be received at least one week in advance of the schedule begin date. The scheduled hours on the employee's OMNI timesheet will then be adjusted accordingly.

Employee Name (p	olease print)			Employee OMNI ID		Record #		
Position at FSU	J: 🗆	A&P	□USP	S	□FACULT\	(
Department				Departm	nent Representati	ve	Department Repres	 sentative Phone
<u>SCHEDULE</u>								
Schedule Begin	Schedule End Date (Thursday) Leave end date blank if this is a permanent schedule change							
First week of ea	ach pay peri	od – (total h	ours per	day, no	t in and out tin	nes)		
Fri Sat	Sun M	lon Tue	Wed	Thur				
Second week of	of each pay p	period - (tota	al hours p	er day,	not in and out	times)		
Fri Sat	Sun M	lon Tue	Wed	Thur				
All signatur	es are req	uired for	<u>approv</u>	<u>al:</u>				
Requested By:								
Approved:	nployee			Date				
Approved:	Superviso	r				Date		
Dean/Director/Denartment Head/Vice Pres				President	 Date			