

**Department of Mental Health & Addiction Services**

Alternate Work Schedule Request  
Administrative & Residual Union Members

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Unit \_\_\_\_\_

New Request

Change in Current AWS

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**Option Requested**

Five (5) day, 8 hours, fixed start

Five (5) day, 8 hours, variable start/quit time, fixed per day

Flextime

5/4 or 4/5 schedule

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**Daily Start & Ending Times**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Approved

Denied

Supervisor/Manager Signature \_\_\_\_\_

Approved

Denied

Division Head Signature \_\_\_\_\_

**Submit this form to the Facility Human Resource Office**