



CI ALTERNATE WORK SCHEDULE PROGRAM

APPROVAL FORM

- This form must be used to document employee request, supervisor recommendation, and Division Vice President approval of participation in the CI Alternate Work Schedule (AWS) Program BEFORE the employee begins an alternate work schedule. Copies of the approved form must be submitted to Payroll Services for processing.
- To ensure proper pay, employees are expected to work their scheduled hours unless they are on an approved leave.
- Employees must submit a completed Time & Attendance form along with a printed copy of the electronic AWS form to Payroll each month while participating in the program.
- Participation in the program is voluntary and may be terminated at any time based on operational need or failure to follow participation guidelines.
- Payroll has the authority to suspend an employee's participation in the AWS due to leaves of absence, and will work with the department and employee to return him/her to the AWS program once they return to a full-time work status.

9/80 Alternative Work Schedule

New **Change in AWS** (No mid-month changes) **Discontinue AWS** (Eff Date: _____)

A 9/80 Alternative Work Schedule (AWS) consists of 80 hours worked during a two-week period.
 One week consists of four 9-hour days and one 8-hour day.
 The second week consists of four 9-hour days and one day off.

SECTION I: Select your work schedule

Schedule A: Week 1 - FRIDAY off; Week 2 - Work 8 hours on FRIDAY

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Week 1 | 9.0 | 9.0 | 9.0 | 9.0 | OFF |
| Week 2 | 9.0 | 9.0 | 9.0 | 9.0 | 8.0 |

Effective Date: _____

Schedule B: Week 1 - Work 8 hours on FRIDAY; Week 2 - FRIDAY off

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Week 1 | 9.0 | 9.0 | 9.0 | 9.0 | 8.0 |
| Week 2 | 9.0 | 9.0 | 9.0 | 9.0 | OFF |

Effective Date: _____

Schedule C: Week 1 - MONDAY off; Week 2 - Work 8 hours on MONDAY

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Week 1 | OFF | 9.0 | 9.0 | 9.0 | 9.0 |
| Week 2 | 8.0 | 9.0 | 9.0 | 9.0 | 9.0 |

Effective Date: _____

Schedule D: Week 1 - Work 8 hours on MONDAY; Week 2 - MONDAY off

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Week 1 | 8.0 | 9.0 | 9.0 | 9.0 | 9.0 |
| Week 2 | OFF | 9.0 | 9.0 | 9.0 | 9.0 |

Effective Date: _____

(Please continue to page 2 of form)

SECTION II: (To be completed by the employee)

I request to participate in the CI Alternate Work Schedule Program. If approved, I will work the hours indicated on the schedule that I have selected on the front of this form. I understand that I must notify my department and Payroll immediately of any change in schedule.

Effective Date: _____ End Date (if applicable): _____

Print Name: _____ EmplID: _____

Signature: _____ Date: _____

SECTION III: (to be completed by the appropriate department administrator)

- I recommend this schedule.
- I do not recommend this schedule for the following reasons:

Print Name: _____

Signature: _____ Date: _____

SECTION IV: (to be completed by the Division Vice President)

- I concur with the supervisor's recommendation.
- I do not concur with the supervisor's recommendation for the following reasons:

Print Name: _____

Signature: _____ Date: _____

Please submit signed, completed forms to Payroll Services at least 2 weeks before the effective date.
Thank you.