An employee requesting an alternative schedule, whether temporary or long term, must complete the Alternative Schedule Request and submit to their supervisor.

Any alternative schedule request must meet these guidelines:

* Work week must still be 40 hours/week
* The alternative schedule must not require the department be closed during regular business hours of 8am-5pm, Monday through Friday
* Must have minimal impact on students, other staff or community stakeholders

It is the supervisor's responsibility to ensure the request meets the above criteria and evaluate the appropriateness of the alternative schedule requested.

The supervisor must discuss all requests with their Executive Council member before making a final determination.

**Approved requests**

Once approved by the supervisor and Executive Council member, a copy of the request form must be sent to Human Resources to be included in the employee’s file.

All alternative work schedules will be evaluated after 90 days to ensure the arrangement is still in the best interest of the college.

All long term alternative work schedules will be reviewed annually at review time to ensure the arrangement is still in the best interest of the college.

**Conditions of alternative work schedules**

Alternative work schedules do not change the conditions of employment. An employee’s compensation and benefits will not change due to an alternative schedule. The college may establish additional specific conditions that apply to employees working alternate schedules.

This alternative schedule request form is to be completed for employees requesting an alternative work schedule. Please be aware, alternative schedules may not be available for every position.

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| **Part I – Employee Information** |
| Name:  |
| Department/Unit:  |
| Job Title:  |
| Supervisor:  |
| **Requested Alternative Schedule** |
| ​☐​ Temporary request           ​ ☐​ Long term request   |
| Describe the requested alternative schedule: |
| Requested start date: Click or tap to enter a date. | Requested end date: Click or tap to enter a date. |
| **Details** |
| Provide a brief statement about why you are requesting an alternative schedule. |
| Describe how you plan to fulfill your work expectations with the alternative schedule and how your position and job responsibilities are suitable for this schedule. |
| What impact will this alternative schedule have on your department, and/or the College? How will your customers and stakeholders (students, staff, faculty, community, etc.) be impacted? |

**Employee signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part II – To be completed by Supervisor** |
| **Employee eligibility** |
| Is the employee’s position and job responsibilities suitable for an alternative schedule?[ ]  Yes [ ]  NoExplanation: |
| Do you have any concerns as to whether the work of the department and/or college can be managed if this employee is on an alternative schedule? [ ]  Yes [ ]  NoIf yes, please explain. |
| **Department eligibility** |
| Will your department’s office hours be impacted by this employee’s proposed alternative schedule? [ ]  Yes [ ]  NoExplanation: |
| Would any other college employee’s responsibilities or workload be impacted by this employee’s proposed alternative schedule? [ ]  Yes [ ]  NoExplanation: |

Do you approve this alternative schedule request? [ ]  Yes [ ]  No

Comments:

Note: Approved alternative schedules will be reviewed after 3 months, and then each year during the annual review period to determine if the agreement will continue.

**Supervisor signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Council signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_