

ALTERNATIVE WORKWEEK SCHEDULE EMPLOYEE'S REQUEST TO SUBSTITUTE DAYS

Name:	Employee Number: _____
Position:	Department: _____

I am regularly scheduled to work an Alternative Workweek of _____. I understand that when my employer works me on a day outside of my schedule, my employer must pay me overtime compensation at the rate of one and one-half (1-1/2) times my regular rate of pay during the first eight (8) hours, and double my rate of pay for all hours worked in excess of 8 hours for that day.

On *(date)* _____ I request to substitute (Day and Shift) for (Day and Shift). I understand that, if my request is approved, my employer will not be required to pay me overtime compensation, as described above, for any hours of my regularly scheduled days substituted.

Employee *(Print Name)*

Employee's Title

Employee's Signature

Date *(Month/Day/Year)*

Authorized Company Representative *(Print Name)*

Title

Authorized Company Representative's Signature

Date *(Month/Day/Year)*

Distribution: Original to Personnel File, Copy to Employee