

**ALTERNATIVE WORKWEEK SCHEDULE/
REDUCTION OF WORKDAY AT EMPLOYEE'S REQUEST**

Name: _____	Employee Number: _____
Position: _____	Department: _____

I am regularly scheduled to work an Alternative Workweek of four (4) ten (10) hour days. I understand that when my employer requires me to work fewer hours than those that are regularly scheduled, my employer must pay me overtime compensation at the rate of one and one-half (1-1/2) times my regular rate of pay for all hours worked in excess of eight (8) hours, and double my rate of pay for all hours worked in excess of 12 hours for the day my employer requires me to work the reduced hours.

On *(date)* _____ I request to be relieved of all duties and leave work early. 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 shift not worked on this date.

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