

**ALTERNATIVE
WORK
SCHEDULE
REQUEST FORM**

EMPLOYEE:	EMPLOYEE ID:	EXEMPT OR NON EXEMPT:
DEPT:	DEPT DIRECTOR:	REQUESTED EFFECTIVE DATE:
PLEASE INDICATE ONE OF THE FOLLOWING:		
REQUEST ALTERNATIVE SCHEDULE <i>(complete, sign and return form)</i>	END ALTERNATIVE SCHEDULE <i>(sign and return form)</i>	CHANGE ALTERNATIVE SCHEDULE <i>(complete, sign and return form)</i>

Employee's Current Work Schedule:

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Arrival Time								
Departure Time								
Meal Length								Total Hours
Total Work Hours Per Day								

Alternative Work Schedules (please complete requested schedule):

Flextime Schedule: Exempt and Non-exempt employees

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Arrival Time								
Departure Time								
Meal Length								Total Hours
Total Work Hours Per Day								

Compressed Schedule: Exempt and non-exempt employees (indicate work day off or reduced hours)

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Arrival Time								
Departure Time								
Meal Length								Total Hours
Total Work Hours Per Day								

Split Schedule: Exempt and non-exempt employees (indicate work day off or reduced hours)

Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Arrival Time								
Departure Time								
Meal Length								Total Hours
Total Work Hours Per Day								
Schedule	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Arrival Time								
Departure Time								
Meal Length								Total Hours
Total Work Hours Per Day								

EMPLOYEE:

As a Newton County BOC employee by signing below I am stating that I understand the following:

- An alternative work schedule is a privilege and intended to benefit both the employee and the department.
- I agree to adhere to the new alternative work schedule.
- When an observed holiday occurs on my regularly scheduled day off, I will be given another day off during that pay period.
- If I initiated the alternative work schedule, I may cancel the alternative work schedule by providing two weeks advance notice to my Department Director.
- If I am a non-exempt employee, I must accurately record all hours worked in a day.
- If approved, my work schedule changes will be effective the first day of the next new pay period.
- Unless a condition of employment, the alternative work schedule is voluntary and may be terminated by either the Employee or the County/Department, with or without cause. The decision to allow, not allow, or discontinue an alternative work schedule is not grievable.
- The alternative work schedule does not change my duties, salary, or benefits.
- The alternative work schedule does not excuse me from attending meetings or handling responsibilities that are during regular work hours and that my hours can be changed to accommodate departmental needs/expectations.
- I agree that overtime must be approved by my Department Director in advance and will not result from the alternative work schedule.
- I agree that vacation must be approved in advance by my Department Director and sick leave must be reported according to Newton County policy.

Employee Signature

Date

DEPARTMENT:

I certify that the below is true for this employee (check all that apply).

The employee's position has been determined as eligible for an alternative work schedule

The employee has completed his/her six-month provisional period

The employee is currently not on a Performance Improvement Plan (PIP)

The employee received "Meets Expectations" or above in all categories on the most recent Annual Performance Evaluation

The employee has not had any disciplinary action taken within the last six (6) months

Department Director Signature

Date

AUTHORIZATION

Approved: _____
Appointed Authority

Date

Received: _____
Human Resources Department

Date

A copy of the approved Alternative Work Schedule must be returned to Human Resources.



HUMAN RESOURCES DEPARTMENT
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