

REQUEST FOR VOLUNTARY LEAVE/MODIFIED WORK SCHEDULE

TO: Lisa Dresdner, Ph.D., Chief Executive Officer

FROM:

DATE:

RE: Request for approval of a modified work schedule (As established for your employee group and approved by the CEO)

I hereby request approval to work the following hours:

Day	Start Time	End Time	Lunch	Total # hours/day
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Total # hours/week				

Please note: all modified work schedules must correspond to the bi-weekly pay schedule

- Full twelve-month fiscal year July 1-June 30
- Fall semester only
- Spring semester only
- Summer only
- Other—Specify _____

Reason:

Recommended by Supervisor ___ Yes ___ No, Signature: _____
Date

Recommended by Dean ___ Yes ___ No, Signature: _____
Date

Human Resources, this request is consistent with college policies and practices ___ Yes ___ No

Comments: _____

Signature: _____
Date

Approved by CEO: ___ Yes ___ No, Signature: _____
Date

_____ Copy to Supervisor, Director, Dean
_____ Return to HR for processing