



MERCED COLLEGE HUMAN RESOURCES

Alternate Work Schedule Request

Supervisors may request to convert to alternate work schedules, add individuals/positions from the alternate work schedule or delete individuals/positions from the alternate work schedule once each academic year. After six months from the beginning date, either party may, with 90 days' notice, elect to void the agreement.

Effective Date: _____

Department/Area: _____

Employee Name: _____

(use a separate form for each individual)

CURRENT work schedule:

	Start Time	End Time	Total Hours	Subtract Lunch	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

PROPOSED work schedule:

	Start Time	End Time	Total Hours	Subtract Lunch	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Supervisor

Approved _____

Not Approved _____

Date

Area Vice President

Approved _____

Not Approved _____

Date

CSEA

Approved _____

Not Approved _____

Date

Human Resources

Approved _____

Not Approved _____

Date