Chaffey College

Alternative Work Schedule Request

(**Employee initiated** in accordance with Article 9 of the District/CSEA Agreement)

Employee Name _____

Department: _____

Position: _____

FTE (1.00 is full-time): _____ Hours per week: _____ Contract months: ☐ 10 ☐ 11 ☐ 12

Regular Schedule

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours (Start – End)							
Break Length (min. ½ hr. if applicable)							

Alternative Schedule (effective dates): _____ through _____ or ☐ ONGOING

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours (Start – End)							
Break Length (min. ½ hr. if applicable)							

The following contractual conditions have been met:

☐ The total number of hours scheduled per week is in accordance with the assigned FTE.

☐ The days and hours are consecutive except for an uninterrupted minimum lunch break of 30 minutes, if applicable.

Shift differential compensation status ☐ remains unchanged.

OR

☐ will be reduced according to contractual provisions.

_____ _____ _____ _____

Employee's Signature | Date | Signature, CSEA Representative | Date

CSEA review is required prior to submitting request to Supervisor. The proposed Alternative Work Schedule shall not be implemented until all signatures have been obtained and the completed form has been submitted to Human Resources.

_____ _____ _____ _____

Supervisor's Signature of Approval | Date | Reviewed by Human Resources | Date