ALTERNATE WORK SCHEDULE REQUEST
(A&P, USPS, Faculty)

To provide the opportunity to meet departmental, personal, and family needs, alternate or flextime work schedules may be requested by employees and authorized by supervisors and departments at any time during the year. Alternate work schedules may be permanent or temporary and requested by full-time or part-time employees. They must begin on a Friday and, if temporary, end on a Thursday to coincide with the University's workweek. The schedule must also equal the employee's appointed hours for each University workweek.

Employees may request an alternate work schedule by submitting this form to their supervisor for approval. Once approved by the supervisor and appropriate department authority, submit the completed form with the new schedule to Human Resources, Attendance & Leave, Mail Code 2410 or fax to 850-645-9510. The form must be received at least one week in advance of the schedule begin date. The scheduled hours on the employee’s OMNI timesheet will then be adjusted accordingly.

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Employee Name (please print) ____________________________
Employee OMNI ID ____________________________ Record #

Position at FSU: ☐A&P ☐USPS ☐FACULTY

Department ____________________________ Department Representative ____________________________
Department Representative Phone ____________________________

SCHEDULE

Schedule Begin Date (Friday) ____________________________ Schedule End Date (Thursday) ____________________________
Leave end date blank if this is a permanent schedule change

First week of each pay period – (total hours per day, not in and out times)

<table>
<thead>
<tr>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
</tr>
</thead>
</table>

Second week of each pay period - (total hours per day, not in and out times)

<table>
<thead>
<tr>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
</tr>
</thead>
</table>

All signatures are required for approval:

Requested By: ____________________________ A&P/USPS/Faculty Employee ____________________________ Date

Approved: ____________________________
Supervisor ____________________________ Date

Approved: ____________________________
Dean/Director/Department Head/Vice President ____________________________ Date

For further information, please contact a member of the Attendance & Leave staff listed on HR’s website.

Revised 05/12/2015