

Work Schedule Request Form

When permitted by the agency and/or supervisor, employees should use this form when requesting a particular work schedule, a permanent or temporary work schedule change, or when telecommuting at least one day per week. Please note that on holiday weeks- all employees revert to a standard schedule. Updated forms are not necessary for that purpose.

Employee Name: _____		PERNR: _____				
Department: _____		Position #: _____				
Request is:	Initial Request					
	Permanent Change (<i>Must start on a Sunday</i>)					
	Requested start date: _____					
Telecommuting Status:	Work Schedule Request DOES NOT include telecommuting.					
	Work Schedule Request DOES include telecommuting. (Telecommuting Agreement must be attached.)					
Requested Work Week:	Arrival Time	Lunch Break	Departure Time	Total Schedule Daily Work Hours	Workstation If approved to telecommute, indicate where work will be performed. Primary (P) / Alternate (A)	If telecommuting and work will be performed in more than 1 city/county per day, please provide a percentage of time to be worked in each.
Sunday		-			P / A	
Monday		-			P / A	
Tuesday		-			P / A	
Wednesday		-			P / A	
Thursday		-			P / A	
Friday		-			P / A	
Saturday		-			P / A	
Total Schedule Work Week Hours= _____						
Workstation: Primary _____ Alternate - N/A (<input type="checkbox"/> Check here if this is a home address.) Street Address: _____ City, State, Zip Code: _____ County: _____						
Street Address: _____ City, State, Zip Code: _____ County: _____						

Employee Signature

Date

Supervisor Signature

Date

TO BE COMPLETED BY HR ADMINISTRATOR:

Work schedule updated in KHRIS on _____ / By: _____

If telecommuting, does Work Tax Area (IT0208) require an update? YES / NO

If Yes, WTA updated in KHRIS on _____ / By: _____

NOTES:

- If temporary, please be sure to use appropriate end dates.
- If telecommuting, ensure alternate address is set-up in KHRIS and any home addresses are entered accordingly.