

**UNIVERSITY OF CONNECTICUT
ALTERNATIVE WORK SCHEDULE SELECTION FORM
FOR ADMINISTRATIVE & RESIDUAL (P-5) EMPLOYEES
SELECTION PERIOD: 08/23/03-05/22/04
05/23/04-08/22/04**

SECTION I: EMPLOYEE

Employee:

Title:

Department:

Unit #:

Phone #:

Check only one of the schedules listed below:

- 8:00 am – 5:30 pm, 1 ½ hour lunch
- 8:15 am – 5:15 pm, 1 hour lunch
- 8:15 am – 5:45 pm, 1 ½ hour lunch
- 8:30 am – 5:30 pm, 1 hour lunch
- 8:30 am – 6:00 pm, 1 ½ hour lunch
- 8:45 am – 5:15 pm, ½ hour lunch
- 8:45 am – 5:45 pm, 1 hour lunch
- 8:45 am – 6:15 pm, 1 ½ hour lunch
- 9:00 am – 5:30 pm, ½ hour lunch
- 9:00 am – 6:00 pm, 1 hour lunch
- 9:00 am – 6:30 pm, 1 ½ hour lunch

- 9:15 am – 5:45 pm, ½ hour lunch
- 9:15 am – 6:15 pm, 1 hour lunch
- 9:15 am – 6:45 pm, 1 ½ hour lunch
- 9:30 am – 6:00 pm, ½ hour lunch
- 9:30 am – 6:30 pm, 1 hour lunch
- 9:30 am – 7:00 pm, 1 ½ hour lunch
- 9:45 am – 6:15 pm, ½ hour lunch
- 9:45 am – 6:45 pm, 1 hour lunch
- 9:45 am – 7:15 pm, 1 ½ hour lunch
- 10:00 am – 6:30 pm, ½ hour lunch
- 10:00 am – 7:00 pm, 1 hour lunch

Employee's Signature

Date

SECTION II: SUPERVISOR

Can you approve the alternative work schedule requested? (Consider impact on work operation, increased cost or unduly burdensome; inconvenience or decrease in service to the public; decrease in work productivity and inability to maintain or sustain adequate staffing levels)

- Yes (If yes, send to Dean/Director/Department Head for signature)
- No (Please Explain)

Supervisor's Signature

Date

SECTION III: DEAN, DIRECTOR, DEPARTMENT HEAD

Do you concur with the alternative work schedule arrangements made above?

- Yes
- No (Please explain)

Signature

Date

SECTION IV: HUMAN RESOURCES – Send completed form to Human Resources, Unit 5075, Phone: 486-5684

Approved/Disapproved: _____

Signature

Date