

ADMINISTRATIVE AND RESIDUAL EMPLOYEES UNION (P-5)
Request for Schedule Modification
Under Article 16A, Section 4

Date of request _____

Name _____ **Title** _____

Work Department _____

I am requesting a schedule modification under Section 4, Article 16A of the 1999-2003 A & R contract for the time period from _____ to _____ (not to exceed three months).

Please note: This request can only be approved for a quarterly period. If you wish to request an extension, you must reapply at the end of each quarter.

Current hours of work:

Days (circle) Monday Tuesday Wednesday Thursday Friday

Hours: _____ _____ _____ _____ _____

Requested hours of work:

Days (circle) Monday Tuesday Wednesday Thursday Friday

Hours: _____ _____ _____ _____ _____

Reason for schedule modification request: (check all that apply and explain)

Childcare Eldercare Family medical condition** Personal medical condition/treatment**

Educational program Car pool Van pool Other _____

***You are not required to divulge the diagnosis on this form. You may wish to consult Human Resources regarding your rights under the Family and Medical Leave Act.*

Explanation of need (attached additional sheet if necessary):

Signature of employee

IMMEDIATE SUPERVISOR'S SECTION

Supervisor's Name _____

Check one: **Approved** for the period _____ to _____, subject to review at the request of the employee.

Denied (Explain below. Attach additional sheets if necessary)

Please send signed form to the Department of Human Resources, Labor Relations Unit, Unit 5075

HUMAN RESOURCES/LABOR RELATIONS UNIT

Approved **Denied** **Signature:** _____ **Date:** _____