



WORK SCHEDULE REQUEST

PRIVACY ACT STATEMENT

Authority: 22 U.S.C. 2651; 5 U.S.C. 301; 5 U.S.C. 5379; and E.O. 9397, as amended, for the Social Security Number (SSN).

Purpose: To collect, use, maintain, and disclose information related to the days of the week and hours of the day employees are expected to work. Schedules developed from these requests ensure employees and staff know when they need to work and how long they need to work.

Routine Uses: This information will be used by supervisors to project staffing needs and account for employee whereabouts.

Disclosure: Failure to provide information on this form may result in the denial of your work schedule request.

Instructions: The employee and the supervisor must complete the form. The supervisor then emails the form to the designated timekeeper. All parties keep a copy for record.

Part I - Employee Information And Work Schedule Election (Completed by Employee)

1. Last Name, First Name MI

2. Office/Division Symbol

3. Indicate Your Desired Work

Schedule: A. Choose One:

Regular/Standard Basic Hours - 80 hours a day, 10 days a pay period with a fixed start and end time each day

Compressed Work Hours - 80 hours in less than 10 days with a fixed start and end time each day

Maxi-Flex/Variable Work Hours*- 80 hours in a pay period with flexible start and end times each day

Irregular Hours

*Note: In accordance with ADS 479.3.1, under a flexible work schedule, the supervisor or operational unit must establish core hours.



B. Fill in your desired work hours. For compressed or maxi-flex work schedules with a regular day off (RDO), annotate your regular day off with "RDO".

Week 1	Start Time	End Time	Week 2	Start Time	End Time
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		

C. Employee Remarks

4. Employee's Signature

Date

Part 2 - Approval Of Work Schedule (Completed by Supervisor)

5. Supervisor's Action

Approve Disapprove

(Note the reason for disapproval in the remarks below)

Supervisor's Signature

Date

Supervisor Remarks



Instructions for Completing AID 479-I

The employee and the supervisor must complete the form. The supervisor then emails the form to the designated timekeeper. All parties keep a copy for record.

Section 1 - Enter the name of the employee to whom the schedule applies.

Section 2 - Provide the office division symbol.

Section 3a - Choose one of the listed schedules.

Section 3b - Employee enters desired work hours. For compressed or maxi-flex work schedules with a regular day off (RDO), annotate your regular day off with "RDO".

Section 3c - Employee may enter any remarks to support the request.

Section 4 - The employee signs and dates.

Section 5 - The supervisor chooses to approve or disapprove, sign and date, and enter any remarks. Note: Annotate core hours for maxi-flex/variable work hour schedules approved.