



Payroll Services
 155 Cottage Street
 Salem, OR 97301
 (503) 378-4616 x 229
 (503) 378-2901 fax

INSTRUCTIONS TO EMPLOYEES:
 Refer to the Alternate Work Schedule Agreement instruction sheet. Complete the form and submit to your direct manager.

Alternate Work Schedule Agreement – Request

Employee Name: _____

OR# _____ Date Submitted: _____

Agency _____ Division: _____

The following criteria must be met:

1. Explain how this request will not interfere or impact the performance of assigned tasks.
2. Explain how the request will meet operational needs of the agency.
3. Explain how the needs of the public will be adequately served.
4. Explain how forty (40) hour workweek is maintained.
5. Why are you requesting an alternate work schedule?

If any of the above criteria are not followed, the agency may rescind its approval of the Alternate Work Schedule.

Alternate Schedule: (refer to instruction sheet)

Section	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A							
B							
C							

This schedule will begin on _____ and stay in effect until _____, at which time the schedule will be evaluated. Changes in the alternate work schedule will require a new agreement to be completed.

 Employee Date Supervisor Date

It is the responsibility of the supervisor to notify DAS Payroll of alternate work schedule agreements prior to implementing or terminating.

Distribution: DAS Operations Payroll - Original agreement / Division/Section File – Copy