

## MODIFIED WORK SCHEDULE REQUEST

**INSTRUCTIONS:** This form should be completed and submitted for any request to begin or change a modified work schedule under the provisions of Marshall University Board of Governors Policy HR-4, Work Schedules and Employment Innovations, paragraph 3.2, and Marshall University Human Resource Services Procedure MU-HR-AP-4, Work Schedule and Employment Innovations. Submit forms completed through the vice president's signature to Human Resource Services, 207 Old Main. The policies can be viewed on the web at:

<http://www.marshall.edu/human-resources/poly/>.

Date of this Request			
This is a request to		Begin a <u>new</u> modified work schedule	Change an <u>existing</u> modified work schedule
Employing Department/Program			
Employing College/Major Unit			
Proposed Starting Date			
List below the name(s), job title(s), and percentage time(s) (FTE) of each participating employee:			
Indicate the <u>starting time</u> , <u>ending time</u> , <u>length of workday</u> , and <u>length of lunch period</u> . If differences in schedule among participating employees, list differences. Express length of workday as <u>hours and minutes</u> .			
Is the modified work schedule indefinite in length, or does it have a proposed ending date?			
	Indefinite		Ending date if applicable
Will the same quality and/or quantity of production in the department be achieved with the modified work schedule that was achieved before the modified work schedule would be implemented?			
	Yes		No
Will the ability of the department to meet and serve its public or clients be adversely affected by the modified work schedule?			
	Yes		No
Will the modified work schedule cause the participating employee(s) to work more than his/her/their appointed FTE hours in any week?			
	Yes		No
Will the modified work schedule by the way it is designed or by the way it operates routinely cause overtime expense (wages or compensatory time) for any participating Fair Labor Standards Act (FLSA) non-exempt employee(s)?			
	Yes		No

Will the day off per week be fixed or will it rotate?	
Fixed	Rotating
If rotating, on what schedule or how frequently will the day off rotate?	
Provide below a statement of how the department will ensure supervisory oversight or measurable work assignments for the employees participating in the modified work schedule for any periods of time at which the department would not normally be open and operational and/or when a primary supervisor may not be present in the workplace.	
Provide below the name, telephone number, and e-mail address of a contact person(s) who can respond to questions or issues regarding this request for a modified work schedule.	

**REQUESTOR(S) SIGNATURE(S):**

Printed Name	Signature	Date

Attach additional page if necessary.

**RECOMMENDATIONS FOR APPROVAL:** Request must be approved by the dean, director, or manager and by the vice president.

Printed Name	Signature	Date

*Submit forms completed through the vice president's signature to Human Resource Services, 207 Old Main. Human Resource Services will review the proposal and forward to the President's Office with a recommendation.*

**PRESIDENT'S OFFICE APPROVAL:**

Signature	
Date	

**DISTRIBUTION:** Original to Human Resource Services, 207 Old Main. Copies will be distributed to the requestor(s), the dean, director, and/or manager and the vice president.