Cal Poly Pomona Request for Alternate Work Schedule (AWS) Form

Normal Operating Hours: The normal operating hours for most Cal Poly Pomona management and staff employees are Monday through Friday, 8:00 a.m. to 5:00 p.m., with a one-hour meal period approximately midway through the work day. Some departments/employees have alternate or irregular work schedules as their normal schedule in order to best meet the University's operational needs (for example, Police Officers, Custodians, etc.).

Request for Alternate Work Schedule (AWS) Form: Staff/management employees may voluntarily seek approval for a change in work hours, also known as an Alternate Work Schedule (AWS). This form is used for requesting and documenting Alternate Work Schedules. The reason/basis for the request must be stated, along with a clear description of the proposed work hours. Requests for Alternate Work Schedules are temporary and for a specific length of time. The requested end date cannot be listed as "ongoing" and the period of time requested cannot be for more than one year at a time. Additional requests may be submitted.

Alternate Work Schedule Information: Please refer to the Normal Operating Hours and Work Schedules Guidelines for Management and Staff Employees. Following are some important considerations regarding requests for alternate schedules.

- The AWS Form for approved schedule changes must be on file with Payroll Services prior to the effective date.
- A new/separate request for each period, for which an alternate work schedule is requested, must be submitted. Each request must clearly state the AWS to be followed during the applicable period and must be submitted for review and approval, separately.
- Availability of supervision, employee safety, workload impacts for others in the organizational unit, compliance with requirements for providing meal periods and rest periods, and operational needs should be given careful consideration by the employee and the employee's manager before submitting/approving an AWS request.
- The amount of vacation and sick leave used for a day is based on the work schedule. For example, if an employee is scheduled for 9 hours on Mondays and requests vacation for a Monday, 9 hours of vacation will be recorded.
- It is important that employees and their managers carefully review AWS requests to make sure the scheduled hours total appropriately (40 hours for a full-time employee, for example) and avoid miscalculations that could result in compensation errors for non-exempt employees.
- The opportunity for working an alternate schedule should be provided on an equitable and fair basis. However, it is not required that alternate schedules be uniformly available to all positions in an operating unit. Not every function is conducive to an AWS because of service and/or operational requirements. This should not deter managers from approving or establishing alternate schedules for positions where such scheduling is possible and/or would enhance services.
- Requests for an AWS that are medical or family-care related require supporting documentation and may be subject to the Americans with Disabilities Act (ADA) and/or Family Medical Leave (FML). For questions regarding ADA accommodations, please contact the <u>Office of Institutional Equity and Compliance</u>. Please refer to the <u>Family</u> <u>Medical Leave (FML) Policy (available through the Payroll Services website) for details and requirements.</u>
- Approval by the Associate Vice President/Dean (or designee) for the department is required prior to the effective date requested.
- Employees will return to the normal operating hours at the expiration of their approved alternate work schedule. Additional AWS requests may be submitted for review.

Cal Poly Pomona Request for Alternate Work Schedule

Requests for Alternate Work Schedules are temporary and for a specific length of time. The requested end date cannot be listed as "ongoing" and the period of time requested cannot be for more than one year at a time. A new/separate request form is needed when the period of time requested overlaps the change in normal operating hours. A new request for each period, which clearly states the alternate work schedule to be followed during the applicable period must be submitted for review and approval, separately.

NAME (Last, First MI)				EMPL ID (Bronco Number)	EMPL REC
DEPT ID	DEPT DESCRIPTION	TIME BASE/ FTE	BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	

Reason for Temporary Alternate Work Schedule (Required): _____

Instructions: In the columns below, fill in the specific hours you propose to work each day ("work hours"); for example, 8 a.m. to noon, 1 p.m. to 5 p.m. For the meal period, indicate the specific time period to observe your lunch period (minimum of 30 minutes); for example, 12:00 - 12:30 p.m., or 12 - 1 p.m.

Day	Work Times	Meal Period	Work Times	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total hours per week:				

Employee Signature - I am requesting the above change to the normal operating hours for the period specified.

Signature:	Date:	

HEERA Manager - Recommendation to Approve or Deny: Important Note: Medical or family-care related requests require Payroll & Benefits Leave Coordinator review before the request is to be approved or denied.

Basis for Approving or Denying Request: _____

Signature:		
Print Name:	Date:	

Additional Organizational Line Approval (if applicable):

Denv

Signature:		
Print Name:	Date:	
Associate Vice Pre	esident (or Designee) / Dean (or Designee)	
Signature:		
Print Name:	Date:	