

**Community Health Services Division**  
**Alternative Work Schedule (AWS) Proposal & Documentation Form**

**COMPLETE THIS PROPOSAL FORM, BRING TO MEETING WITH SUPERVISOR/MANAGER FOR DISCUSSION. EMPLOYEES MAY REQUEST AN AWS IN WORKFORCE AFTER A DISCUSSION WITH SUPERVISOR/MANAGER.**

EMPLOYEE'S NAME	CLASSIFICATION	DATE OF THIS REQUEST
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**ELIGIBILITY CRITERIA**

To be eligible to request an AWS, employee must meet following criteria:  
 1. Non-probationary status.  
 2. No disciplinary action in the past six months.  
 3. Terms of Performance Improvement Plan (PIP) have been satisfactorily met and maintained for 90 continuous days post completion

Do you meet all of these eligibility criteria?  YES (Eligible to request AWS)  NO (Not eligible to request AWS)

**PROPOSED SCHEDULE TYPE**

Flex  Compressed 4/40  Compressed 9/80  Compressed Other:

**PROPOSED SCHEDULE**

WEEK ONE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start Time							
Stop Time							
Length of Lunch							
Hours Worked							
WEEK TWO	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start Time							
Stop Time							
Length of Lunch							
Hours Worked							

**EMPLOYEE CONSIDERATIONS FOR ALTERNATIVE WORK SCHEDULE REQUEST**

HOW DOES THIS AWS PROPOSAL ALIGN WITH CHS BUSINESS NEEDS CONSIDERATIONS?

EMPLOYEE CHARACTERISTICS FOR AWS (per King County Alternative Work Arrangements Guide/October 2008, page 6)

ALTERNATIVES CONSIDERED

CONDITIONS OF APPROVAL (SUCH AS CORE WORK HOURS, ROUTINE REVIEWS, CHANGING OF WORK SCHEDULE)

EFFECTIVE DATE Click here to enter a date.	<input type="checkbox"/> Temporary Change	<input type="checkbox"/> Employee's Request	<input type="checkbox"/> Mutually Agreed Change
	From: Click here to enter a date.	<input type="checkbox"/> Permanent Change	<input type="checkbox"/> For Training Purposes
	To: Click here to enter a date.	<input type="checkbox"/> Seasonal Change	<input type="checkbox"/> Other:

**EMPLOYEE AGREEMENT** – By signing this form, I verify that I have read and agree to abide by the terms described in the Alternative Work Arrangements Guide. I understand that an alternative work schedule is a privilege, not a right, and this agreement may be modified or terminated at any time. I agree to adhere to the schedule and working requirements as approved on this request form.

EMPLOYEE SIGNATURE	DATE Click here to enter a date.
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**SUPERVISOR/MANAGER REVIEW AND RECOMMENDATION**

**ATTACH WORKFORCE ALTERNATIVE WORK SCHEDULE (AWS) REQUEST/AGREEMENT FORM**

HOW DOES THIS AWS PROPOSAL ALIGN WITH CHS BUSINESS NEEDS CONSIDERATIONS?

EMPLOYEE CHARACTERISTICS FOR AWS (per King County Alternative Work Arrangements Guide/October 2008, page 6)

ALTERNATIVES CONSIDERED

SUPERVISOR/MANAGER RECOMMENDATION & CONDITIONS OF APPROVAL (SUCH AS CORE WORK HOURS, ROUTINE REVIEWS, CHANGING OF WORK SCHEDULE)

EFFECTIVE DATE Click here to enter a date.	<input type="checkbox"/> Temporary Change From: Click here to enter a date. To: Click here to enter a date.	<input type="checkbox"/> Employee's Request <input type="checkbox"/> Permanent Change <input type="checkbox"/> Seasonal Change	<input type="checkbox"/> Mutually Agreed Change <input type="checkbox"/> For Training Purposes <input type="checkbox"/> Other:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	SUPERVISOR NAME/TITLE	SUPERVISOR SIGNATURE	DATE Click here to enter a date.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	AREA MANAGER NAME	AREA MANAGER SIGNATURE	DATE Click here to enter a date.

1. If the Supervisor/Manager recommends approval of the request, approve in Workforce.
2. If denied, deny in Workforce, complete AWA Denial/Rescission form, give to employee and attach copy.
3. Send to CHS Operations Manager.

**CHS OPERATIONS MANAGER REVIEW AND RECOMMENDATION**

<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	CHS OPERATIONS MANAGER NAME	CHS OPERATIONS MANAGER SIGNATURE	DATE Click here to enter a date.
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CHS OPERATIONS MANAGER COMMENTS:

1. If the CHS Operations Manager approves the request, will approve in Workforce. Workforce will send an email notification to the supervisor, employee, payroll and HR of the approval to implement AWS.
2. If denied, deny in Workforce, update the AWA Denial/Rescission form with comments, give to employee and attach copy. Send to CHS Division Director