

**WSNA Staff Unit**  
**Directions for Applying for an Alternative Work Schedule**

1. Review the “King County Guidelines for Alternative Work Arrangement”.
2. Review the “Alternative Work Arrangements Procedure PHSKC 2009”.
3. Review the “CHS Business Needs Considerations for Alternative Work Schedules”.
4. Review the “AWA Request Process Flow Chart”.
5. Complete the “Community Health Services Division-Alternative Work Schedule Proposal & Documentation Form”. Outline the reasons you are requesting an AWS, including benefits to both employer and yourself as employee.
6. Request an appointment via email with your Supervisor and/or Manager to discuss your plan for requesting an alternative work schedule and include AWS in the subject line. You may attach your completed “Community Health Services Division-Alternative Work Schedule Proposal & Documentation Form” in your email if you would like. At that meeting, together with your Supervisor and/or Manager, discuss your proposal and considerations for AWS. After the meeting, if necessary, make modifications to your AWS Proposal & Documentation form.
7. During or following the meeting, apply for the AWS by logging into Workforce and record your proposed schedule. Instructions for this process are available. Call or email the Sue Spahr, Workforce Administrator (206-263-8625) or email the Workforce project in Outlook at [workforce@kingcounty.gov](mailto:workforce@kingcounty.gov) if you are having any problems logging into Workforce or entering information.
8. Print out or email your finalized “Community Health Services Division-Alternative Work Schedule Proposal & Documentation Form” and your Workforce schedule and provide them both to your supervisor.
9. If your supervisor recommends approval of your AWS in Workforce, they will send the documents to CHS Operations Manager for final approval.
10. If the AWS is approved, you and your supervisor will receive an email from Workforce and a copy of your work schedule will be sent to you in the email. You should work with your supervisor to implement your AWS.
11. If your Supervisor and/or Manager deny your AWS request, they will complete the “AWS Denial/Rescission” form, documenting the rationale for the denial and deny the request in Workforce. You will be given a copy of the AWS Denial/Rescission Form. **You may appeal this decision within 10 business days of receipt of this form.** (Article 13.4.2 of the WSNA 2013-2015 Staff Unit contract states: *Additionally, the employee is entitled to have the decision on the request reviewed by the Community Health Services Division Manager or Deputy Division*

*Manager, provided a request for such review is made in writing within 10 business days of receipt of the initial decision.)*

12. If you want to appeal the denial, you should write a letter to your supervisor/manager explaining the rationale for your request of an AWS and request for reconsideration **within 10 days of the receipt of the denial letter**. You should address the rationale that was documented in your AWS Denial/Rescission” form. You may also want to include the following considerations:
  - a. Benefits to the site/employer (e.g. improved ability to maintain workload; uninterrupted work on detailed projects, improved patient/client service, work tasks successfully accomplished outside normal work hours/assignment; individual productivity and client access to services; retention of qualified professional staff, maximizing workspace)
  - b. Benefit to you, the employee (e.g. job satisfaction, work/life balance, amount of time saved commuting in off hours, ability to focus on detailed work without interruption)
  - c. Characteristics of your job that make it a good candidate for an AWS (e.g. Requires independent work; Requires quiet and minimal interruptions for some percentage of tasks; Results in a specific measurable work product; not solely by the time spent doing the job; Patient/clients better served)
  - d. Characteristics of you as an employee that make you a good candidate for an AWS (e.g. ability to effectively manage workload; have demonstrated capacity for working independently; are self-motivated; are knowledgeable about all aspects of your position; are well organized; have excellent communication skills)
  - e. What your expectations are around mutual management of the AWS (e.g. open communication regarding patient/client service and performance; creative problem-solving regarding challenges that might arise)
  - f. List and enclose any supporting documents (e.g. performance reviews, research data, letter/feedback from community partners, etc.)
13. Sign and send the letter within 10 days of the receipt of the denial to the Community Health Services Division Manager. Send a copy to your union representative and Human Resources Service Delivery Manager, so that they are aware that you have appealed the denial.
14. Maintain a copy of the letter and attachments for your records
15. The Community Health Services Division Manager or Deputy Division manager will review the letter of appeal. If he/she upholds the denial, he/she will add comments to the AWS Denial/Rescission form. If the denial is overturned, you will be notified and should work with your supervisor to implement your AWS.