



COMMUNITY COLLEGE
OF RHODE ISLAND

Office of Human Resources

Alternative Work Schedule Request

To: _____
(SUPERVISOR'S NAME)

From: _____
(EMPLOYEE'S NAME)

Date: _____

I am writing to request an alternative work schedule as follows:

Flexible Schedule (Please describe)

Other Special Arrangements (Please describe)

Proposed Start Date: _____ Review/End Date: _____

Reason for the Request:

Employee's Signature: _____ Date: _____

Request:

*Approved as requested.

*Approved with the following modification(s):

Declined for the following reason(s):

Supervisor: _____ Date: _____

Department Chair/Director: _____ Date: _____

Divisional VP: _____ Date: _____

Human Resources: _____ Date: _____

Union President: _____ Date: _____