

## Alternate Work Schedule Agreement

This form is to be used by eligible non-faculty employees requesting approval to work an alternate work schedule in accordance to our policy. Complete this form and submit it for approval to your supervisor. Final signed form should be forwarded to Human Resources prior to beginning to work an alternate work schedule.

Date Submitted:		MCC ID Number:	
Employee Name:		Work Location:	
Department:		Dates:	Spring (January - May)      Fall (August - December) or Summer (June - July)
Alternate Work Schedule:		Specific Period:	
Hours:			
Duties to be performed:			
Monitoring Process: <i>Example: Submit a daily list of completed tasks, process requests within two hours of receipt, update databases each day, comply with deadlines assigned.</i>			
Communication Methods & Requirements: <i>Example: Respond to emails within two hours of receipt, respond to phone calls or text messages within one hour</i>			
Use/Need of College Materials & Equipment			
Requirements specific to the telecommuter and position			
By signing below and submitting, the employee agrees to the expectations and requirements stipulated in this form and Remote and Alternate Work Schedule Policy			
<b>Employee Signature</b>			
<b>Supervisor Signature:</b>			
<b>Supervisor Comments:</b> (Required , if denied)			
<b>Director/Dean Acknowledgement:</b>			
<b>Vice President/President Acknowledgement:</b>			
Original request retained in HR office:		Copy of request returned to supervisor:	
		Copy of request returned to employee:	