



Appalachian State University  
Boone, North Carolina

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Employee Request for Alternative Work Schedule

EMPLOYEE SECTION

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_ Telephone \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Current Work Schedule \_\_\_\_\_

Requested Work Schedule: \_\_\_\_\_

Reason for Requested Change:

Effective Date Desire From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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## Employee Request for Alternative Work Schedule

### IMMEDIATE SUPERVISOR SECTION

- Based on current departmental needs, I recommend approval of this request.
- Based on current departmental needs, I recommend denial of this request.

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Immediate Supervisor Signature

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Date

Reason for Denial:

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### DEPARTMENT HEAD SECTION

- Based on current departmental needs, I recommend approval of this request.
- Based on current departmental needs, I recommend denial of this request.

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Department Head Signature

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Date

*Please retain one copy for department; return one copy to Human Resource Services.*