



### Request for Alternate Work Schedule

Name: \_\_\_\_\_ Location: \_\_\_\_\_

I request permission to work alternate work schedule of 4 days per week, 10 hours per day.

Effective Date: \_\_\_\_\_

Day of the week off: \_\_\_\_\_

I have met the following requirements:

- I have served not less than 180 days as a contractor on the WCGS contract.
- I have met all performance measures as outlined in contract and performance evaluation criteria.

I also understand that:

- I must continue to meet the published performance criteria while I am on an alternate work schedule.
- Sites employing the alternative work schedule must maintain the ability to keep office hours on all duty days.
- Government or contract leadership reserves the right to revoke authorize alternative work schedule at any time without reason.

Applicant's Signature & Date: \_\_\_\_\_

Site Lead approval: \_\_\_\_\_

Regional Lead approval \_\_\_\_\_

OPSO approval: \_\_\_\_\_

Task Manager approval: \_\_\_\_\_

HR Acknowledgement: \_\_\_\_\_