Alternative Work Schedule Application
Non-Exempt Employees

Name: _____ Date Requested: _____

Title: _____ Department: _____

Requested Effective Date: _____

Alternative Work Schedule (check as applicable)

☐ **9/80**

Week One (9/80)				
Monday (9 hours) Office Hours: _____	**Tuesday** (9 hours) Office Hours: _____	**Wednesday** (9 hours) Office Hours: _____	**Thursday** (9 hours) Office Hours: _____	**Friday** (8 hours or "Flex") Office Hours: _____

Week Two (9/80)				
Monday (9 hours) Office Hours: _____	**Tuesday** (9 hours) Office Hours: _____	**Wednesday** (9 hours) Office Hours: _____	**Thursday** (9 hours) Office Hours: _____	**Friday** (8 hours or "Flex") Office Hours: _____

☐ **Flex Time**

Weekly Schedule				
Monday Office Hours: _____	**Tuesday** Office Hours: _____	**Wednesday** Office Hours: _____	**Thursday** Office Hours: _____	**Friday** Office Hours: _____

Additional Provisions

All City policies and directives apply to Employee during the Alternative Work Schedule and are incorporated into this agreement. The City has the right to access, audit, intercept, monitor, and disclose the contents of all information on Employee's City-owned computer, equipment, and related City networks and accounts, including electronic mail. Employee should not have any expectation of privacy in any City equipment, networks, or accounts.

The Colorado Open Records Act requires that all "public records" as defined in that law be available for inspection and copying by any member of the public on demand. The definition of public records includes

electronic communication. Material and correspondence on City-owned equipment, networks, and accounts may be a public record subject to inspection and copying under the Open Records Act.

Employee Approval

I understand that this form is a voluntary agreement between myself and the City to work the specified Alternative Work Schedule above, and that nothing in this agreement should be construed as a contract of employment. I understand that both I and the City may terminate this Alternative Work Schedule arrangement at any time and for any reason, and that this agreement may be rescinded accordingly. I have read and agree to the terms above and in the Alternative Work Schedule, Non-Exempt, Directive.

Employee Signature: _____ Date: _____

Manager Approval ☐ Approved ☐ Denied

Manager Name: _____

Manager Signature: _____ Date: _____

Director Approval ☐ Approved ☐ Denied

Director Name: _____

Director Signature: _____ Date: _____