



Alternative Work Schedule Application

Employee Name		Position	
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I have read and understand the Prince George's County Alternative Work Schedule (AWS) Program Procedure, Administrative Procedure 229. I request to participate in the AWS program.

Current Daily Work Schedule

Arrival Time:		Departure Time:	
Requested Effective Date:			
Union Employee:	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, specify which Union:		
Type of Alternative Work Schedules	<input type="checkbox"/> 4-10 Compressed Schedule <input type="checkbox"/> 4 ½-9 Compressed Schedule <input type="checkbox"/> 5-4/9 Compressed Schedule <input type="checkbox"/> Flex Band Schedule		

AWS Leave Day & Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					

**The above bi-weekly schedule will repeat during the duration of the AWS Program unless otherwise specified.

Employee Signature and Date	Division Manager Signature and Date
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Appointing Authority Signature and Date

****FOR MANAGER USE ONLY****

Approved Without Modification
 Approved With Modification Listed Below
 Denied

Comments:

Appointing Authority (or designee)

cc: Employee
Supervisor
ETS Coordinator