

**EMERGENCY AUTHORITY ONLY**  
**MONTEREY COUNTY EMERGENCY RESPONSE MANUAL AND COVID-19**  
**PREVENTION PROGRAM SECTION 6**  
**ALTERNATIVE WORK SCHEDULE REQUEST FORM**



**EMPLOYEE INFORMATION:**

Name:		County Email:	
County Phone Number:		Department:	
Job Classification		Employee Type	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Effective Pay Period Beginning Date			

I am requesting an Alternative Work Schedule as follows:

<b>PROPOSED ALTERNATIVE WORK SCHEDULE:</b> (To be completed by <u>hourly/non-exempt</u> employees only)								
Total hours per pay period: <input type="text"/>								
Pay Period		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Week One (of pay period)	Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours: <input type="text"/> week one								
Pay Period		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Week Two (of pay period)	Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours: <input type="text"/> week two								

**Exempt Employees:** In accordance with the County’s Payroll Time and Leave Reporting Policy, employees who are full-time and are in an exempt status ordinarily are scheduled to work and be paid eighty (80) hours per bi-weekly period. Exempt employees are expected to work during regular department work hours unless approved for an alternative/reduced work schedule. Exempt employees requesting an alternative/reduced work schedule should indicate below their proposed alternative/reduced schedule:

<b>PROPOSED ALTERNATIVE WORK SCHEDULE: (To be completed by <u>exempt</u> employees only)</b>	
<b>Saturday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Sunday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Monday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Tuesday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Wednesday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Thursday</b>	From: <input type="text"/> To: <input type="text"/>
<b>Friday</b>	From: <input type="text"/> To: <input type="text"/>

I understand employee are expected to request any time off during the alternative work schedule day in accord with departmental protocols. I further understand alternative work schedules are at the discretion of the Department Head and may be terminated at any time.

Employee Name/Signature	Date
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**SUPERVISOR/MANAGER REVIEW AND APPROVAL**

Employee is required to report hours worked as follows (ESS or otherwise):

Employee is required to check-in with supervisor as follows:

Supervisor/Manager Name:	
Title:	
<input type="checkbox"/> Approved ( <i>comments</i> ) 	
<input type="checkbox"/> Denied ( <i>comments</i> ) 	

Supervisor/Manager Signature	Date
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**DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL**

Name:	
Title:	
<input type="checkbox"/> Approved ( <i>comments</i> ) 	
<input type="checkbox"/> Denied ( <i>comments</i> ) 	

Department Head/Designee Signature (required)	Date
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Original-Employee Personnel File

Copy – Supervisor/Manager

Copy – Employee

Copy – Departmental Timekeeper