

I, \_\_\_\_\_, hereby request approval to work the following Alternate Workweek (AWW) schedule beginning \_\_\_\_\_. [NOTE: Days off are subject to availability, California Department of Fish and Wildlife (CDFW) operational needs and supervisor concurrence.]

Choose one:

<input type="checkbox"/> 4/40 Work hours: _____ to _____	<input type="checkbox"/> 9/80 Work hours: _____ to _____ (9-hour day)
Meal period: _____ to _____	Work hours: _____ to _____ (8-hour day)
Day off: _____	Meal period: _____ to _____
	Day off/8 hour day: _____

- I understand that this change in workweek is voluntary, that it is a privilege and not a right, and may be changed or cancelled by CDFW at any time with appropriate advance written notice in accordance with the provisions of my bargaining unit contract or Department of Personnel Administration Regulation.
- I understand that I may terminate this agreement with appropriate advance written notice.
- I understand that at certain times it may be necessary for me to revise my schedule in order to meet CDFW operational needs.
- I understand and agree to abide by the terms, conditions, and attendance reporting requirements for the AWW schedule I have selected.
- I understand that I must maintain a minimum balance of 40 hours leave credits which may consist of vacation, annual leave, personal leave, compensating time off (CTO), excess time, personal holiday and/or holiday credit) or I will forfeit my AWW schedule.
- I understand that if I select the 4/40 or 9/80 option, should I work less than the number of hours needed for a pay period where the deficit is due solely to the AWW, the difference will be offset first by accrued excess hours, then any of the following; compensating time off, annual leave, vacation credits, personal leave.
- I understand that any excess hours remaining because of a change in the above defined AWW schedule will be compensated at the straight time rate (when earned), by lump sum, or time off.
- I understand my AWW schedule will be temporarily modified to the standard work schedule when I am on:
  - Jury duty (five days or longer)
  - Training (five days or longer)
  - Industrial Disability Leave (misses **five or more consecutive days** of work due to an accepted Workers' Compensation claim)
  - Nonindustrial disability leave
  - Suspension
  - Catastrophic Leave

Employee's Signature	Date	Supervisor's Signature	Date
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Regional Manager, Division/Branch/Office Chief	Date
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Original to: Region/Headquarters Personnel Specialist

cc: Employee  
 Supervisor