GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

REQUEST FOR ALTERNATIVE WORK SCHEDULE (AWS)

Employee (Print Name): _____ **Agency/Division:** _____

Position Title/Series/Grade: _____

Supervisor (Print Name): _____ **Office Location:** _____

I. Identify the type of *AWS* requested:

❒ ***Flexible Work Schedule (FWS)*** ❒ ***Compressed Work Schedule (CWS)***

Proposed effective date for *AWS*: _____

II. The employee hereby requests the following *AWS*:

FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
LUNCH (30 OR 60)	❒30 ❒60	❒30 ❒60	❒30 ❒60	❒30 ❒60	❒30 ❒60
END TIME:					
HOURS WORKED:					
TOTAL WORKED:					
SECOND WEEK	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**
START TIME:					
LUNCH (30 OR 60)	❒30 ❒60	❒30 ❒60	❒30 ❒60	❒30 ❒60	❒30 ❒60
END TIME:					
HOURS WORKED:					
TOTAL WORKED:					

_____ _____
Employee Signature **Date**

(OVER)

III. This section is to be completed by Supervisor:

Recommendation:

❒ **Approve *AWS***

❒ **Disapprove *AWS* (If the recommendation is to disapprove, specify reason(s) below):**

_____

_____

_____

_____

_____

If approved, this *AWS* shall take effect on: _____.

_____ _____

Supervisor Signature **Date**

IV. This section is to be completed by Agency Head (or Designee):

❒ ***AWS* Approved**

❒ ***AWS* Disapproved**

_____ _____

Agency Head Signature **Date**