

# California State University Long Beach

## ALTERNATE WORK SCHEDULE FORM

*This form must be completed for employees not working a Standard work schedule  
(Monday thru Friday, eight (8) hours a day, depending on timebase (FTE).*

**Please complete all fields or the form will be returned and not processed. Send completed form to Payroll Services MS 0122.**

Employee Name (Last, First, MI): \_\_\_\_\_ Employee ID: \_\_\_\_\_ Rec#: \_\_\_\_\_

Dept. ID	Dept. Description	Timebase/FTE	Schedule Description	Effective Pay Period	Exempt	Non-Exempt

**Instructions:**

If the employee is going on an alternate work schedule for the first time in your area, the schedule must start at the beginning of the pay period.

Schedule changes must always be effective on a Sunday, even if the employee does not work on a Sunday.

If the employee works a schedule that is a 40 hour work week (or the total number of hours for a part time employee), only complete Week 1.

If the employee works a schedule that is more or less than 40 hours in one week, but equals a total of 80 hours in a two week period, complete both Week 1 and Week 2 (9/80 and 3/12/8).

Revert back to a Standard work schedule (Monday-Friday 8 hours per day) **Effective Date:** \_\_\_\_\_

Work Period	Week 1 Effective Date (* SEE INSTRUCTIONS ABOVE)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Week 1									
Week 2									

**Note:** Any **non-exempt** employee on an Alternate Work Schedule **must** track Excess hours.

**Department Contact Information**

**Timekeeper**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone ext. \_\_\_\_\_

**Appropriate Administrator**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_