

Alternative Work Schedules – Appeal Form

TO: Vice President _____

FROM: Name: _____ (Print)

Department: _____

Position: _____

I have received notification that my recent application for an Alternative Work Schedule has been denied. My current work days and work hours are:

Work days: _____

Work hours: _____

Enclosed is a copy of my denied application. I request a review of this denial for the following reasons:

I understand that you will render a decision within 10 days of receipt of this appeal and that your decision regarding this appeal is final.

(Employee's Signature) (Date) _____

Vice President's decision: Approved Denied

(Vice President's signature) (Date) _____