

**Glenn County Health and Human Services Agency
Work Schedule Request**

Employee Name: _____

Schedule: Standard: Alternate: Less than full time:

**If request is other than a standard M-F, 8:00 AM – 5:00 PM, 8 hours per day schedule, with a 1-hour lunch, describe hours per day, number of days, etc.

Total number hours per week: _____

Please review the policy which governs the use of this work schedule request. This request is in compliance with all of the policies and rules governing work schedules and ensures services to the public without increased costs in the most efficient manner for my unit.

Employee Signature: _____ Date: _____

Supervisor/Manager: _____ Date: _____

PMII/Deputy/Asst Director: _____ Date: _____