

**REQUEST FOR ALTERNATIVE
WORK SCHEDULE(S)**

FROM: *(Name of Work Unit Supervisor)*

TO: *(Name of Approving Official as specified in FSIS Dir. 4610.5, Part Two)*

THRU: *(Name of Chief, Compensation and Classification Policy Branch, HRD)*

I. INTRODUCTION

WORK UNIT	UNION <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK UNIT'S PRIMARY MISSION														
TYPE OF AWS SCHEDULE <i>(Check all appropriate blocks)</i>		SERIES AND GRADE OF EMPLOYEES TO BE ASSIGNED TO EACH SCHEDULE														
<table><tr><td>COMPRESSED</td><td>FLEXIBLE</td></tr><tr><td><input type="checkbox"/> 4/10</td><td><input type="checkbox"/> Flexitour</td></tr><tr><td><input type="checkbox"/> 5 - 4/9</td><td><input type="checkbox"/> Modified Flexitour</td></tr><tr><td></td><td><input type="checkbox"/> Gliding</td></tr><tr><td></td><td><input type="checkbox"/> Flexible Middyay</td></tr><tr><td></td><td><input type="checkbox"/> Variable Day</td></tr><tr><td></td><td><input type="checkbox"/> Maxiflex</td></tr></table>		COMPRESSED	FLEXIBLE	<input type="checkbox"/> 4/10	<input type="checkbox"/> Flexitour	<input type="checkbox"/> 5 - 4/9	<input type="checkbox"/> Modified Flexitour		<input type="checkbox"/> Gliding		<input type="checkbox"/> Flexible Middyay		<input type="checkbox"/> Variable Day		<input type="checkbox"/> Maxiflex	
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II. JUSTIFICATION

JUSTIFY THE IMPLEMENTATION OF AWS AND/OR FLEXIBLE SCHEDULE *(Include Efficiency of Government Operations: i.e., Productivity, use of Leave, Employee Turnover and Overtime Hours; Costs; service to the Public or the Agency; and Morale)*

III. SPECIAL PROBLEMS *(A continuation sheet may be attached if additional space is needed.)*

DISCUSS ANY SPECIAL PROBLEMS YOU HOPE TO ALLEVIATE BY IMPLEMENTING AWS SCHEDULE *(i.e., difficulties administering pay and leave, staffing problems, and supervision problems)*

REQUESTED BY <i>(Signature of Work Unit Supervisor)</i>	DATE
REVIEWED BY <i>(Signature of Chief, Compensation and Classification Policy Branch)</i>	DATE
APPROVED OR CONCURRED BY <i>(Signature of Approving Official)</i>	DATE