

## Eastern Connecticut State University

Request for Adjusted Work Schedule<sup>1</sup> Administrative Clerical Employees

Employee Name:					Employee Position:				
Employee	e Department:				_				
Reason for Requested Adjustment (Check One):				_Childcare	Family Illness		Transp	Transportation	
Please prov	vide the justification	for such re	quest below:	_ Participation i	n Educat	ional Program			
Duration (Please provide the effective date and terminal date of the requested schedule): From						thro	ugh		
Current Work Schedule:				Requested	Work Sc	hedule:			
M:	to	(	min. Lunch)	_	to	( n	nin. Lunch)		
Tu:	to	(	min. Lunch)		to	( n	nin. Lunch)		
W:	to	(	min. Lunch)		to	( n	nin. Lunch)		
Th:	to	(	min. Lunch)		to	( n	nin. Lunch)		
F:	to		min. Lunch)		to	( n	nin. Lunch)		
Signature of EmAppro		Date proved		ended Not Rec		Signature of Vice Pres	ident/Supervisor	Date	
			Chief Human Resource	s Officer	Date				

Revised 10/2019

<sup>&</sup>lt;sup>1</sup> Requests made pursuant to Article 17, Section 5 of the Contract between the State of Connecticut and AFSCME, Administrative Clerical (NP-3) Bargaining Unit.