DAVIS BEHAVIORAL HEALTH
Community • Commitment • Change

Alternative Work Schedule (AWS) Request Form

Request Date: _____

Employee Information

Employee Name: _____ Job Title: _____

Department: Select... Supervisor: _____

Employment Type: Select... Location Select...

AWS Request Details

Proposed Eff. Date: _____

Please indicate the type of AWS being proposed: Select...

Current and Proposed Work Schedule

Current Work Schedule

Day	Start Time	End Time	Location
Friday			Select...
Saturday			Select...
Sunday			Select...
Monday			Select...
Tuesday			Select...
Wednesday			Select...
Thursday			Select...

Proposed Work Schedule

Day	Start Time	End Time	Location
Friday			Select...
Saturday			Select...
Sunday			Select...
Monday			Select...
Tuesday			Select...
Wednesday			Select...
Thursday			Select...

Additional Information (Required)

Please respond to the following questions in the space provided.

Describe the personal reason for your request.

Describe the business rationale associated with your proposed AWS.

Describe specifically how the essential functions of your job will be accomplished under your new arrangement.

Please describe the positive and negative impact your proposed AWS will have on the following groups.		
Group	**Positive Impact**	**Negative Impact**
Clients		
Co-Workers		
Supervisor/Management		
DBH		

Please describe potential solutions to overcome challenges presented by the proposed AWS.

Please explain how client needs directly related to your job will be met.

Acknowledgement

I understand that Davis Behavioral Health (DBH) is not obligated to approve an alternative work schedule (AWS). The decision is based on sound business judgment and is at the discretion of management. After initial approval, the AWS will enter a 90-day trial period after which the schedule will be reviewed, and a decision will be made whether to continue the AWS. After final approval, the AWS is subject to periodic review and may be subject to termination based on business needs and my performance. If possible, DBH will provide 30 days' notice in advance of ending or changing an arrangement, business needs permitting. In some instances, a resumption of the original work schedule may no longer be possible.

I understand that my benefits, salary, etc. may be impacted by the acceptance of my AWS.

Employee Signature	Date	Supervisor Signature	Date
Program Director Signature	Date	Clinical Director Signature	Date

For HR Use Only

Request Status: ☐ Approved ☐ Denied AWS Effective Date: _____ ☐ N/A

Date Employee Notified: _____ 90-day Review Date: _____ ☐ N/A

If denied, reason for denial: _____

Modify/Discontinue AWS

Reason for change to AWS: _____

Effective date of change: _____