



LANSING SCHOOL DISTRICT ALTERNATIVE SCHEDULE REQUEST

Employee Name: _____ Today's Date _____

Employee ID No: _____ Bargaining Group: _____

School/Building Location: _____ Position Title: _____

Starting Date of Request: _____ End Date of Request: _____

Philosophy: LSD Administration recognizes that it may be advantageous for work performance reasons or for personal/family/health reasons for an employee to work an alternative schedule or, in rare circumstances, to work from home.

Key Factors to be considered in Granting a Request: (not limited to these):

1. Endorsement of supervisor
2. Rationale
3. Duration
4. Ability to get work accomplished
5. Ability to have on-site coverage
6. Ability of supervisor to monitor
7. Attendance record
8. Evaluation/work history
9. Benefits to organization
10. Cost neutrality

Part 1 (To be completed by the employee – attach absence history and additional documentation if needed):

1. What is the specific nature of the request? (Ex: Four ten-hour days, work from home 1 day per week)

2. What is the rationale for this request?

3. What tasks will the employee be accomplishing during this alternative schedule?

4. How will the supervisor monitor the work output?

5. How will on-site responsibilities be handled while working the alternative schedule?

Employee Signature

Date

Part 2 (To be filled out by the supervisor):

1. Impact of request approval on department workload/efficiency

2. How will the effectiveness of the alternative schedule be measured?

3. Additional Comments/Context

Supervisors Signature

Date

FOR HUMAN RESOURCES USE ONLY

The request is:

_____ Approved

_____ Denied

Stipulations/Duration (if approved); Reason (if denied)

Human Resources Signature

Date

Appeals must be received in writing within 7 days and should be sent to the Lansing School District Superintendent.