

Work Schedule Request

U.S. Department of Housing
and Urban Development

(For CWS, this form must be submitted at least
two (2) weeks prior to the start of the pay period
in which the change takes place)

Employee's Name	Organization Name	Date of this request
Employee's Signature		Date of last work schedule change (for CWS)
		Proposed Effective Date (beginning of a pay period)

First, mark the box which indicates the work schedule you are ending

End ☐ End FlexiTour ☐ End CWS
(Compressed Work Schedule) ☐ End Fixed Tour

Second, mark the box and indicate the work schedule you wish to begin

Begin ☐ Begin FlexiTour ☐ Begin CWS
(Compressed Work Schedule) ☐ Begin Fixed Tour

	Mon	Tue	Wed	Thur	Fri	Mon	Tue	Wed	Thur	Fri
Hours Worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Approved	Supervisor's Signature	Date	Effective Date
<input type="checkbox"/> Disapproved			
Remarks			Next compressed work schedule change may be made no earlier than: