

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

Adjusted Meal Period Request Form (To Be Completed By The Employee)

Employee Information:

Name: _____

Title: _____

Department: _____

Adjusted Meal Period Requested:

Start Time	Length of Adjusted Meal Period	End Time	Hours Worked

Conditions of the Adjusted Meal Period Arrangement:

- The arrangement will commence with a three -month trial period and can be discontinued during or after that trial period at the discretion of the supervisor if the arrangement does not meet the operational needs of the department and/or the employee fails to comply with the completed and approved Adjusted Meal Period Request Form.
- At the conclusion of the trial period the employee and the supervisor will discuss the arrangement and determine whether it should be continued, modified, or terminated.
- The employee must adhere to the selected alternative work schedule; no changes will be allowed unless approved in advance by the supervisor.
- The employee must maintain the expected quantity and quality of work.
- The employee must maintain acceptable attendance.
- If at any time the employee requests a return to a standard work schedule, the supervisor may grant the request, in his or her discretion.
- If the employee fails to comply with the Alternative Work Schedule Agreement he or she will be returned to the standard work schedule for the department and may be subject to disciplinary action.
- From time to time, it may be necessary for a supervisor to make adjustments to the employee's alternate work schedule. The supervisor should provide the employee with reasonable notice of the change whenever possible.
- University paid and unpaid leave policies will apply to an employee working under an Alternative Work Schedule.

I, the undersigned employee, fully understand the aforementioned conditions of the adjusted meal period arrangement.

(Signature)

(Date)

Supervisor Review:

_____ Approved _____ Denied

(Signature)

(Date)

Printed Name: _____

Title: _____