



Summer Work Schedule Change Request

Complete only if requesting alternate work schedule. Completed forms should be emailed to payroll@sru.edu forms without all necessary signatures will not be processed.

Employee Name: _____

Department: _____

Unit:

Option 1:

Requested Summer Schedule (choose one):

Requested Summer Schedule (Custodians Only):

Requested Summer Schedule: (40 Hour EE's Only):

Option 2:

Remote Option (only for individuals not working a 4-day schedule):

Schedule changes must be approved and signed by the employee, their manager, and their Cabinet member. Individuals with questions may contact Payroll and Student Employment at payroll@sru.edu.

Employees may choose to participate in one of the available schedule change options. Approved schedule changes will be in effect starting the week of Monday, May 18th through Friday, August 7th.

By participating in the summer schedule change, employees acknowledge that they are not eligible to use compensatory time, as outlined in the AFSCME Comp Time Side Agreement, during the period the summer schedule is in effect. However, employees may continue to accrue compensatory time during this period, which may be used in accordance with standard policies after the summer schedule period has ended.

Employee Signature **Date**

Manager Signature **Date**

Division Cabinet Member Signature **Date**

Payroll Office Use Only:

Input Date: _____

Pay Date: _____

Initials: _____