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|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****DEPARTMENT OF HEALTH AND SOCIAL SERVICES*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Schedule Request Form**

**Instructions**

* **Complete and submit this form to DHSS\_eStar@delaware.gov .**

You will be notified once the schedule has been requested and is active.

**Schedule requested by:** Click here to enter text. **Date:**

**Division/Facility Name:**  Click here to enter text. **Work Phone:** Click here to enter text.

**Effective Date (Must be beginning of a pay period):**

**Non-Clocking: Please provide the authorized Alternative Work Schedule Agreement:** [Alternative Work Arrangement (AWA) Agreement Form](https://dhr.delaware.gov/policies/documents/awa-agreement.pdf)

 [Alternative Work Arrangements (AWA) Policy and Procedures (delaware.gov)](https://dhr.delaware.gov/policies/documents/awa-policy.pdf?ver=0404)

|  |  |
| --- | --- |
| ***Week 1*** | ***Week 2*** |
| Sun | Mon | Tue | Wed | Thu | Fri  | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Clocking**

|  |  |  |  |
| --- | --- | --- | --- |
|   | ***Week 1*** | ***Week 2*** | Meal Break |
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| In  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments/Additional Information:** Click here to enter text.