



MINISTRY OF
**HEALTH &
WELLNESS**

ALTERNATE WORK SCHEDULE REQUEST AND APPROVAL FORM		
Section A: EMPLOYEE REQUEST TO CHANGE WORK SCHEDULE		
NAME:	DIVISION:	UNIT:
STAGGERED WORK HOUR SCHEDULE SELECTION:		
<input type="checkbox"/> 7:00am – 3:30pm	<input type="checkbox"/> 10:00am – 6:30pm	
Requested Effective Date: [YYYY/MM/DD]	Requested Effective Date: [YYYY/MM/DD]	
WORK FROM HOME REQUEST		
I can complete all my job functions from a remote location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have all the necessary tools needed to perform my duties remotely	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate the reason(s) for requesting permission to work remotely:		
Period of Request:	FROM: [YYYY/MM/DD]	TO: [YYYY/MM/DD]
Address:		Contact No.
NAME OF STAFF MEMBER:		SIGNATURE:
DATE OF APPLICATION:yyyy/mm/dd		
INSTRUCTIONS AND GUIDELINES		
Applicants should be mindful of the following guidelines:		
<ol style="list-style-type: none"> 1. Normal working hours are expected from all employees given permission to use alternate work arrangements 2. Employees who elect to utilize staggered work hours are reminded that taxi and supper allowances are paid for work done beyond 7:00 pm. 3. All employees are reminded that it is a requirement that the time of arrival and departure are entered in the Attendance Register. 4. Staff members are expected to remain accessible to their colleagues and clients during the period of work. The same response time to deadlines and requests are expected. 5. A daily/weekly schedule of work accomplished should be submitted to Supervisor and/or HR 6. Department and work accomplished should reasonably account for an 8-hour workday/40-hour work week 7. Staff members given approval for alternate work schedule arrangements will NOT lose any pay or benefit for which they are eligible. 8. Staff members and or their managers can withdraw this request or approval based on changes in circumstances or failure to perform. 9. It is expected that this request and its approval is valid for a minimum of 30 days and a maximum of 90 days, after which a new request must be made. 		
NOTE: The Ministry of Health & Wellness is not responsible for any operating costs of any personal equipment (including but not limited to, computers, printers, personal devices, cellular or landlines) home maintenance of personal equipment or any other incidental costs (utility, internet costs or any supply costs) associated with the use of this alternative work arrangement		
Section B: SUPERVISOR'S APPROVAL		
Name of Direct Supervisor:	Signature:	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Name of Head of Division:	Signature:	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Section C: HUMAN RESOURCES		
Date Received in HR:	[YYYY/MM/DD]	
Date Response sent to Applicant:	[YYYY/MM/DD]	