

**CITY OF MADISON**  
**Alternative Work Schedule Request**  
**(AWS Form)**

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| EMPLOYEE NAME:                                                       | DEPARTMENT NAME:               |
| ALTERNATIVE WORK SCHEDULE REQUESTED                                  |                                |
| REASON FOR AWS REQUEST:                                              |                                |
| EMPLOYEE SIGNATURE:                                                  | SUPERVISOR APPROVAL SIGNATURE: |
| AGENCY/DEPARTMENT HEAD SIGNATURE:                                    |                                |
| <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DENIED | COMMENTS:                      |
| HR DIRECTOR SIGNATURE:                                               |                                |
| <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DENIED | COMMENTS:                      |