WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
REQUEST TO ADJUST WEEKLY WORK SCHEDULE

Employee Name:	Scheduled Work for the Week of:	
Organization Number/Division:	Days:	Hours:

This Adjusted Work Week Request is for:

Prior approval required:
- ☐ Project-based
- ☐ Overtime
- ☐ Other (specify):

Notify supervisor as soon as event occurs:
- ☐ Unplanned Work Event
- ☐ Emergency

- Project-based and overtime requests must be requested and approval granted prior to the start of the work week. (Work week starts at 12:01 a.m. on Saturday)
- All requests must be for the benefit of the agency, not solely the employee.
- Approval for unplanned work events will only be granted for circumstances beyond the employee's control. Supervisors must be notified immediately when the event occurs.
- Amendments to this request may be submitted to the employee's supervisor via email. (A copy of any amendment email request should be filed with this form.)

Work Schedule Requested:		Overtime Hours Requested (if applicable):
Days:	Hours:	

Justification for Request:

I have read the DOT 3.10 Attendance, Leave, and Overtime Policy and understand my responsibilities, and request adjusted work week.

Employee Signature (required):

Date:

Immediate Supervisor Signature (required):

☐ Approved

☐ Disapproved

Date:

District/Division Manager/
Executive Level for District/Division Manager Signature (required):

☐ Approved

☐ Disapproved

Date: