

OPTIONAL COMPRESSED WORK WEEK SCHEDULE REQUEST FORM



Employee: Complete this form and submit it to your supervisor.
Supervisor: Upon approval/denial, submit original copy to HR for employee's official personnel file.

Part 1 - To be completed by employee:

Date: _____ **Employee ID#:** _____
Name: _____ **Title:** _____
Department: _____ **Supervisor:** _____
 Exempt Non-Exempt Regular Contingent II

Please check the appropriate box to make your selection:

<input type="checkbox"/> Option 1 Exempt/Non-Exempt	<input type="checkbox"/> Option 2 Exempt/Non-Exempt	<input type="checkbox"/> Option 3 Exempt Only
Work four 10- hour days weekly	Work five 8-hour days and then four 10-hour days	Work four 9-hour days and then one 8-hour
Monday to Thursday or Tuesday to Friday	Week one = 8 hour days Week two = 10 hour days	Week one = 9 hour and 8 hour days Week two = 9 hour days
Off every Friday or Monday	Off every other Friday or Monday	Off every other Friday or Monday

Hours desired:

FIRST WEEK	Wednesday	Thursday	Friday	Monday	Tuesday
Start Time:					
Lunch (60 min.)	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60
End Time:					
Hours Worked:					
SECOND WEEK	Wednesday	Thursday	Friday	Monday	Tuesday
Start Time:					
Lunch (60 min.)	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60	<input type="checkbox"/> 60
End Time:					
Hours Worked:					

Employee Signature: _____ **Date:** _____

Part 2 - To be completed by Supervisor

- Compressed Work Week Schedule approved
- Compress Work Week Schedule approved with modifications *(Describe modifications on a separate sheet.)*
- Compressed Work Week Schedule denied/terminated *(Reason: documentation with full plan modification or reason for denial MUST be attached to this form.)*

Supervisor Signature: _____ **Date:** _____

Department Head: _____ **Date:** _____

Area Vice President: _____ **Date:** _____

