OPTIONAL COMPRESSED WORK WEEK SCHEDULE REQUEST FORM 2019

 Part 1 – To be completed by employee:

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.



|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

* Exempt  Non-Exempt  Regular  Contingent II

Please check the appropriate box to make your selection:

|  |  |  |
| --- | --- | --- |
| OPTION 1*Exempt/Non-Exempt* | OPTION 2*Exempt/Non-Exempt* | 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 one 8-hour dayand then four 9-hour days |
| 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.)  |  |  | 60  |  |  | 60  |  |  | 60  |  |  | 60  |  |  | 60  |
| End Time:  |   |   |   |   |   |
| Hours Worked:  |   |   |   |   |   |
| SECOND WEEK  | Wednesday  | Thursday  | Friday  | Monday  | Tuesday  |
| Start Time:  |   |   |   |   |   |
| Lunch ( 60 min,)  |  |  | 60  |  |  | 60  |  |  | 60  |  |  | 60  |  |  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_