OPTIONAL COMPRESSED WORK WEEK SCHEDULE REQUEST FORM 2019

Part 1 – To be completed by employee:

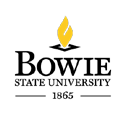
Employee:

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 day  and 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_