

## Request Form for Compressed Work Week

### Employee Information:

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### Compressed Work Week Details:

Current Work Schedule: \_\_\_\_\_

Proposed Compressed Work Schedule:

Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

(If applicable) Saturday: \_\_\_\_\_ to \_\_\_\_\_

(If applicable) Sunday: \_\_\_\_\_ to \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Requested End Date: \_\_\_\_\_

(Maximum from September to April and from May to August)

### Immediate Supervisor's Approval:

Immediate Supervisor Name: \_\_\_\_\_

Decision:      ☐ Approved      ☐ Denied

If Denied, Reason(s) for Refusal:

    The needs of the departments/units

    The employee's position and the inherent obligations of the position

    Other reason(s) (please specify): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Acknowledgment: I understand that my compressed work schedule is subject to review and may be adjusted or revoked based on University's needs as per point 3 of the Letter of Agreement 2024-002.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

