NYU COURANT

251 Mercer Street
New York, NY 10012

Compressed Work Week (CWW) Request Form

Name and Extension: _____ Department: _____

Supervisor's Name and Extension: _____ Today's Date: _____

Check all that apply to you:
FT staff member _____ FT administrator _____

New request _____ Request to continue existing CWW arrangement

Compressed Work Week is not to exceed the parameters of a 4-day week: 9.75 hrs/day, which includes 1 hour per day for lunch.

Please complete the table below.

	Current Regular Hours* Lunch			**Requested Hours* Lunch**	
Day	From and to	Break	Day	From and to	Break
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Hours Per Week			**Total Hours Per Week**		

*This should be based on your normal 40 hour work week (which includes a one hour lunch each day) and not the additional hours you may regularly invest at work.

Date you are requesting permission to begin CWW arrangement: _____
Date you are anticipating CWW arrangement will end _____

SUPERVISOR: CHECK OFF DECISION AND MAKE NOTES BELOW
□ Approved
If approved, what is the approved start date of CWW arrangement? _____
What is the approved expiration date of CWW arrangement? _____
□ Not Approved

By signing this request, the supervisor is also acknowledging that s/he has read the policy and FAQ's related to CWW arrangements before making her/his approval decision on this request.

Supervisor's Signature _____and Date_____

HR Officer's Signature _____ and Date _____