



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

Table with 6 columns: Day, From and to, Break, Day, From and to, Break. Rows include days of the week and 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