



**Request for Compressed
Work Week Arrangement**
Submit completed form to Human Resources

Employee:	Job Title:	Extension:
Department:	Division:	Supervisor
Date of CWW Request:		
Are You Currently on A Flextime Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Are Your Current Hours of Work? From _____ a.m. To _____ p. m.	

I, _____, wish to exercise the privilege of participating in a Compressed Work Week Arrangement. I understand that this arrangement is subject to the following conditions:

- The approval of all Compressed Work Week schedules are subject to the operational requirements of a department/division;
- I can work a minimum of **30 additional** minutes per work day to a maximum of two (2) and one half additional hours per work day in order to earn the seven (7) hours for their Compressed Day off;
- The official start of my work day cannot commence before 8:00 a.m. and must occur before 10:00 a.m.;
- I must be at work during the core hours of the business day which are 10:00 a.m. to 3:00 p.m. with the exception of the lunch break;
- The official finish of my work day cannot exceed 6:00 p.m.;
- My lunch break must be ½ hour or 1 hour and be taken between 12:00 p.m. and 2:00 p.m.;
- My Compressed Day off cannot be scheduled on Wednesday;
- A Compressed Work Week Form should be re-submitted on an annual basis or upon changes to times and a copy sent to Human Resources;
- This arrangement is provided to me in accordance with my current position as stated above. Should my position change, my Compressed Work Week schedule must be renegotiated with the understanding that the compressed work week arrangement may become unavailable;
- Compressed Days cannot be accumulated. I can only accumulate enough hours to take one (1) day off. The only latitude allowed will be in the event that, due to operational requirements, I must work on my scheduled Compressed Day. In this case, I will have the next two (2) cycles to arrange having the scheduled Compressed Day taken off.

Suggested "Buddy" (if applicable):

Requested Compressed Work Week Schedule

Select Compressed Day

Monday
 Tuesday
 Thursday
 Friday

Hours of Work/Day: Week 1				
Day	Start	Lunch	End	Earned Minutes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Hours of Work/Day: Week 2				
Day	Start	Lunch	End	Earned Minutes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Employee Signature: _____

To be completed by Supervisor:

Compressed Work Week Schedule:
 Approved
 Not Approved

If Approved:

Compressed Work Week Schedule will be effective From: _____ To: _____
 (d/m/y) (d/m/y)

Supervisor Signature: _____