



COMPRESSED WORK SCHEDULE REQUEST FORM

Employee's Name / Title:	
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Employment Category / Activity:	
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I. BASIC WORKWEEK SCHEDULE (BWS)

Effective _____, I voluntarily request to work a Basic Work Schedule (BWS), which is a weekly work period consisting of five days with 8 working hours per day. I understand my standard hours of duty are (*check one*):

- 0730-1600 (includes 30-minute unpaid lunch)
- 0730-1615 (includes 45-minute unpaid lunch)
- 0730-1630 (includes 1-hour unpaid lunch)

<input type="checkbox"/> I request to change from the Basic Work Schedule (BWS) to a Compressed Work Schedule (CWS) <i>Fill in Section II and sign.</i>	<input type="checkbox"/> I request to change from my Compressed Work Schedule (CWS) to a Basic Work Schedule (BWS) <i>Fill in Section I and sign.</i>
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II. COMPRESSED WORK SCHEDULE (CWS)

Effective _____, I voluntarily request to participate in the Compressed Work Schedule (CWS), which is a biweekly work period consisting of:

- Eight 9½-hour days (includes 30-minute unpaid lunch) or eight 10-hour days (includes 1-hour unpaid lunch)
- One 8½-hour day (includes 30-minute unpaid lunch) or one 9-hour day (includes 1-hour unpaid lunch)
- One regular day off (RDO).

I request my standard pay period hours of duty to be as follows:

Pay Period Hours of Duty

Week 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Time							
End Time							

Week 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Time							
End Time							

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Employee Signature:		Date:	
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III. COMMENTS

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IV. SUPERVISOR'S RECOMMENDATION

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Supervisor's Name/Title:
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Supervisor's Signature:		Date:	
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