

# Compressed Workweek Proposal

## Employee Information

Name

Position/Title

Department

Supervisor

Email

## Requested Compressed Schedule

Proposed Start Date

Requested Schedule (e.g. 4x10, 9x80, etc.)

Days Off Requested

Reason for Request

## Business Impact

How will your duties/responsibilities be maintained?

How do you plan to ensure team coverage and responsiveness?

Potential challenges and proposed solutions

Additional Comments

For Supervisor/Management Use Only

Approved/Denied

Comments/Conditions

Supervisor Signature

Date