

# Compressed Workweek Request Form

Employee Name

Department

Position

Supervisor

Employee Email

Date Requested

## Current Work Schedule

Please describe your current work schedule

## Proposed Compressed Workweek Schedule

Describe your proposed compressed workweek schedule (days/hours)

Proposed Start Date

Proposed End Date

## Reason for Request

Please explain the reason for this request

## Additional Notes

Additional comments or notes

