

Compressed Work Week Agreement

First Name Last Name

Department Date

Work Schedule

We have agreed that this will be your compressed work schedule. You understand that if business needs change, with reasonable notice, you will be expected to adjust your work schedule to meet the needs of the department. We also expect that you will make every effort to arrange your personal appointments either on your days off or after work hours. The core business hours will be 9 - 3. You must maintain a balance of 15 hours of compensatory time. The work schedule is as follows:

Week of										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total										

Cancellation

Management reserves the right at any time to change the work schedule, including restoring it to a regular full time schedule, if business needs change or if management determines that this work schedule is not successful.

Holidays

During compressed work weeks where paid holidays occur, the alternate work schedule may need to be adjusted so that the 7.5 hours of holiday pay does not reduce or increase the total hours scheduled for the week.

Meetings /Work commitments

All attempts should be made prior to submitting a compressed work week request that recognize scheduled meetings and other work commitments. A request will not be granted if there is a meeting / work event scheduled on your scheduled weekday day off without making prior alternative arrangements.

Signatures

Employee : _____ **Date** _____

Manager : _____ **Date** _____

Director : _____ **Date** _____