Potsdam
STATE UNIVERSITY OF NEW YORK

Application for Compressed Work Week (Summer 2026)

Part A – To be completed by employee (Requests will be for May 21, 2026 through August 12, 2026 unless noted in the comments) I request to work the following compressed workweek: Option 1 ☐ Option 2 ☐ Option 3 ☐

List specific days and hours to be worked each work week based on the option selected:

Please provide any details and/or reasons to be considered in reviewing this request:

_____ _____
Employee (print name) Department

_____ _____
Employee's signature Date

Part B – To be completed by the immediate supervisor

Immediate Supervisor Recommendation:

☐ Approval recommended ☐ Denial recommended

Comments: _____

_____ _____
Supervisor's signature Date

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