Potsdam
STATE UNIVERSITY OF NEW YORK

Application for Compressed Work Week (Summer 2023)

Part A – To be completed by employee (Requests will be for May 25, 2023 through August 16, 2023 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

>>

> Director/Dean's Action (if the Director/Dean is not the immediate supervisor):

☐ Approval Recommended
☐ Denial Recommended

Comments: ____

______________________________ ______________________________
Director/Dean signature Date

>>

President's Council Action

☐ **Approved**
☐ **Not Approved**

Comments:

______________________________ ______________________________
President's Council signature Date

Send a copy of this document to the employee, supervisor, and Melissa Proulx

Copies: Employee, Supervisor, Human Resources (4/2023)