

Application for Compressed Work Week (Summer 2024)

nts) I request to work the following comp	ressed workweek: Op	tion 1	Option 2	Option 3
ecific days and hours to be worked each	work week based on the c	ption selecte	ed:	
provide any details and/or reasons to be	e considered in reviewing	:his request:		
Employee (print name)	Department			
Employee's signature	Date			
• • • • • • • • • • • • • • • • • • • •	•••••			
To be completed by the immediate supe				
Immediate Supervisor Recommendation Approval recommended	n: Denial recommen	ded		
	_			
_				
Comments:				
Comments: Supervisor's signature		Date		
Supervisor's signature		Date		·>>>>>>>
Supervisor's signature		Date		·>>>>>>>>>
Supervisor's signature >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		Date		·>>>>>>>>
Supervisor's signature >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		Date		·>>>>>>>>>
Supervisor's signature >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>> not the immediate superv	Date>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		·>>>>>>>>>
Supervisor's signature Sypervisor's signature Sypervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended	>>>>>>>>> not the immediate superv	Date>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		·>>>>>>>>>
Supervisor's signature Sypervisor's signature Sypervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended	>>>>>>>>> not the immediate superv	Date >>>>>> risor):		*>>>>>>>>
Supervisor's signature >>>>>>>>>>>>> or/Dean's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments:	>>>>>>>> not the immediate superv	Date >>>>>> risor):		·>>>>>>>>>
Supervisor's signature Sypervisor's signature Sypervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments:	>>>>>>>> not the immediate superv	Date >>>>>> risor):		·>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's signature In the Director/Dean is I	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature Syyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments: Director/Dean signature Supervisor's Council Action Approved	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature Sypervisor's signature Sypervisor's signature Sypervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments: Director/Dean signature Sypervisor's Council Action Approved Not Approved	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature Sypervisor's signature Sypervisor's signature Sypervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments: Director/Dean signature Sypervisor's Council Action Approved Not Approved	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	
Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's signature Supervisor's Action (if the Director/Dean is Approval Recommended Denial Recommended Comments: Director/Dean signature Supervisor's Council Action Approved	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Date	·>>>>>>>>>	

Copies: Employee, Supervisor, Human Resources