

Application for Compressed Work Week (Summer 2025)

nts) I request to work the following comp	ressed workweek: Opt	on 1	Option 2	Option 3
ecific days and hours to be worked each	work week based on the op	otion selecte	d:	
provide any details and/or reasons to be	e considered in reviewing t	nis request:		
Employee (print name)	Department			
Employee's signature	 Date			
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To be completed by the immediate supe				
Immediate Supervisor Recommendation	n:			
Approval recommended	Denial recommend	led		
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Supervisor's signature		Date		
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Copies: Employee, Supervisor, Human Resources