

GENESEEO

Application for Compressed Work Week (Summer 2024)

Part A – To be completed by employee:

The employee will automatically be returned to their previous work schedule at the conclusion of pay period in accordance with the end date selected below (and based on approval of your supervisor):

I wish to work a compressed workweek between May 23, 2024 through (select one)

- July 17, 2024
- July 31, 2024 or
- August 14, 2024

List specific days and hours to be worked each week: _____

Please provide any details and/or reasons to be considered in reviewing this request (use reverse of this form.)

Employee (print name)

Department

Employee's signature

Date

Part B – To be completed by the direct or immediate supervisor(s) - **Requests require approval up through the Director level only.**

Immediate Supervisor Recommendation:

- Approval recommended
- Denial recommended

Comments: _____

Immediate/direct supervisor's signature

Date

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

- Approved** - send a copy of this document to the employee and original to Human Resources.
- Denial** recommended, Denials must be routed through to Cabinet level administrator

Comments: _____

Director's signature (if applicable)

Date

Cabinet Level Administrator's Action (for appeals only)

- Approved**
- Denial**

Comments: _____

Cabinet level administrator's signature

Date

Send a copy of this document to the employee and original to Human Resources.