

**Part A** – To be completed by employee:

The employee will automatically	be returned to their previous	work schedule at the conclusion o	f 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 25, 2023 through (select one)

July 19, 2023	-,,,
August 2, 2023 or	
August 16, 2023	
List specific days and hours to be	worked each week:
Please provide any details and/or reasons to be cor	nsidered in reviewing this request (use reverse of this form.)
Employee (print name)	Department
Employee's signature	Date
<b>Part B</b> – To be completed by the direct or immediat	e 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
<b>Director's Action</b> (if the Director is not the immedia	
<b>—</b> • • • • • • • • • • • • • • • • • • •	ent to the employee and original to Human Resources. routed through to Cabinet level administrator
Comments:	
Director's signature (if applicable)	Date
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Approved	
Comments:	
Cabinet level administrator's signature	Date
Send a copy of this o	document to the employee and original to Human Resources.