



**REMOTE LOCATION/COMPRESSED WORK SCHEDULE
REQUEST FORM**

Effective Date _____

Employee Name _____

Unit _____

Supervisor _____

Check all boxes that apply:

Compressed Work Week:

- 4/10 schedule – ten hours per day for four days within a week (excl. lunch)
- 4 ½ day schedule - four nine hour days and one four-hour day within a week (excl. lunch)
- 9/80 schedule (four nine hour days and one eight hour day in one week/four nine hour days the following week, excl. lunch)

- Employee is overtime eligible*
- Employee is not overtime eligible

If designating a 4/10 or 4 ½ day schedule, this section must be completed:

Work Schedule					
	Mon	Tues	Weds	Thurs	Fri
<i>Start Time</i>					
<i>Length of Meal Period</i>					
<i>End Time</i>					
<i>Work From Remote Location (mark X)</i>					

If designating a 9/80 schedule, this second schedule must be completed in addition to the above:

Work Schedule – Week 2					
	Mon	Tues	Weds	Thurs	Fri
<i>Start Time</i>					
<i>Length of Meal Period</i>					
<i>End Time</i>					
<i>Work From Remote Location (mark X)</i>					

****If overtime eligible employee is assigned to a 9/80 work schedule, adjustment to the defined work week must be approved by central Human Resources Compensation.***

Employee is responsible for updating their work schedule in My.Leave or work record and for updating their Outlook calendar to represent their work from remote location, including contact information.

___ Approved

___ Denied

Additional Notes (reason for approval, denial, or additional stipulations):

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Unit Vice Chancellor or Dean Signature _____

Date _____
