



**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 (Mark with X)					
	Mon.	Tues.	Weds.	Thurs.	Fri.
<i>Start Time</i>					
<i>Length of Meal Period</i>					
<i>End Time</i>					
<i>Work From Remote Location</i>					

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

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