

EMPLOYEE COMPRESSED WORK SCHEDULE (CWS) OPTION FORM

1. EMPLOYEES'S NAME: LAST, FIRST, MI		2. REQUESTED CWS ACTION: Start Change Discontinue	
		3. REQUESTED EFFECTIVE DATE:	
4. PAY PLAN:	5. SERIES:	6. GRADE:	7. STEP:
8. POSITION TITLE:	9. ORGANIZATION: Telephone:	10. DEPARTMENT/SECTION:	
11. REQUESTED RDO:			
12. REQUESTED BIWEEKLY WORK SCHEDULE: <p>5-4-9: Includes eight (8) workdays of nine (9) hours each plus one (1) workday of eight (8) hours within the biweekly pay period.</p> <p>4-10: Includes eight (8) workdays of ten (10) hours each biweekly pay period. Each workweek will consist of forty (40) hours of work.</p> <p>6-12-8: Includes six (6) twelve (12) hour workdays and one (1) eight (8) hour workday in the biweekly pay period.</p> <p>2-8, 2-12: Two 8 hour and two twelve hour work days in an administrative work week.</p> <p>Other (describe):</p>			
13. EMPLOYEES SIGNATURE:		14. DATE:	
15. UNION REPRESENTATIVE'S SIGNATURE FOR ACKNOWLEDGEMENT:		16. DATE:	
17. SUPERVISORS'S DECISION: Approved Disapproved (Attach reasons for disapproval or any comments) (Complete/forward to CPAC within 15 days of request)		18. APPROVED RDO:	
19. MANAGER'S SIGNATURE:		20. DATE:	
21. CPAC REPRESENTATIVE'S SIGNATURE:		22. DATE:	