

COMPRESSED WORK WEEK
AGREEMENT
P-09

Employee Name	Department	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Schedule

This will be your compressed work schedule. You understand that if business needs change, with reasonable notice, you will be expected to adjust your work schedule to meet the needs of the department. We also expect that you will make every effort to arrange your personal appointments either on your days off or after work hours. The work schedule is as follows:

Week/Month of	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cancellation

Management reserves the right at any time to change the work schedule, including restoring it to a regular five (5) day work week schedule, if business needs change or if management determines that this work schedule is not successful.

Holidays

During compressed work weeks where paid holidays occur, the alternate work schedule will be adjusted to the regular five day work week with 7.5 hour days.

Employee Signature

Date

Supervisor Signature

Date