

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

Compressed Two Week Work Period Request Form – Exempt Employees Only (To Be Completed By The Employee)

Employee Information:

Name: _____

Title: _____

Department: _____

Compressed Two Week Work Period Schedule Requested:

Week 1	Start Time	Length of Meal Period	End Time	Hours Worked
Day of the Week				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
				TOTAL:

Week 2	Start Time	Length of Meal Period	End Time	Hours Worked
Day of the Week				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
				TOTAL:

TWO WEEK WORK PERIOD TOTAL: _____

Describe how you will be able to continue, or enhance, your ability to meet the responsibilities of the position you hold:

Conditions of the Compressed Two Week Work Period Arrangement

- The arrangement will commence with a three- month trial period and can be discontinued during or after that trial period at any time at the discretion of the supervisor if the arrangement does not meet the operational needs of the department and/or the employee fails to comply with the completed and approved Compressed Two Week Work Period Request Form.
- At the conclusion of the trial period the employee and the supervisor will discuss the arrangement and determine whether it should be continued, modified, or terminated.
- The employee must adhere to the selected alternative work schedule; no changes will be allowed unless approved in advance by the supervisor.
- The employee must maintain the expected quantity and quality of work.
- The employee must maintain acceptable attendance.
- If at any time the employee requests a return to a standard work schedule, the supervisor may grant the request, in his or her discretion.
- If the employee fails to comply with the Alternative Work Schedule Agreement he or she will be returned to the standard work schedule for the department and may be subject to disciplinary action.
- From time to time, it may be necessary for a supervisor to make adjustments to the employee’s alternative work schedule. The supervisor should provide the employee with reasonable notice of the change whenever possible.
- University paid and unpaid leave policies will apply to an employee working under an Alternative Work Schedule.

Leave and Pay Specific to Compressed Two Week Work Periods

- An employee who is unable to work due to illness must request and use accrued sick leave in accordance with University policy and departmental procedures. Supervisors should be careful to confirm the number of hours of leave taken if the leave is for a day on which the employee is scheduled to work for a longer day. For example, an employee on a compressed pay period schedule who needs to take a day of sick leave on a day he or she is scheduled to work 9 hours is taking 9 hours of sick leave, as opposed to an employee on a regular schedule who is taking 8 hours of sick leave.
- An employee who wishes to be relieved of responsibility for work on a particular day or days for reasons other than illness must request and use available annual leave in accordance with University policy and departmental procedures. The amount of annual leave charged will be equivalent to the hours the employee was scheduled to work and supervisors should calculate the leave based on the considerations noted above under the sick leave explanation.
- No exempt employee is eligible for more than 8 hours of holiday pay per holiday. If the holiday falls on the employee’s regularly scheduled workday, the employee will be credited with 8 hours of holiday pay for that day. For exempt employees, supervisors need to take into consideration the exempt employee’s status of “paid to get the job done” when determining whether the exempt employee needs to utilize annual leave for the difference between the hours of holiday pay and their typical hours for that day.

I, the undersigned employee, fully understand the aforementioned conditions of the compressed two week work arrangement.

(Signature)

(Date)

Supervisor Review:

_____ Approved _____ Denied If approved, check here to confirm that the employee holds an exempt position _____

(Signature)

(Date)

Printed Name: _____

Title: _____