

Naval Postgraduate School COMPRESSED WORK SCHEDULE AGREEMENT

1) Employee Name: _____

2) I elect to work the following compressed work schedule:

___5-4/9 ___Part-time (Specify days and hours below)

3) My schedule will be (indicate number of hours to be worked each day and AWS day(s):

Week 1 and 2 Work Schedule									
MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI

4) My arrival time will be _____ a.m. My departure time will be _____ p.m.

4a) My 8 day scheduled hours will be _____ a.m. Departure time will be _____ p.m.

5) I have read, understand and agree to all provisions of the NAVPGSCOLINSTR 7410.3U AWS policy that are applicable to the schedule I have requested.

I understand that I must arrive at the time indicated above each workday or account for late arrival or absence with the appropriate leave.

I understand that I cannot earn credit hours and will not be permitted to work any time in excess of this schedule unless ordered and authorized to do so as overtime work for which I will be compensated by either premium pay or compensatory time as appropriate.

6) I certify that I have already exhausted my existing credit hour balance.

Employee Signature: _____ Date: _____

-The following section is to be completed by the supervisor-

7a) ___Approved ___Not Approved

7b) Reason for Disapproval:

8) This agreement will become effective Pay Period No. _____

9) Supervisor Signature: _____ Date: _____

NPGSCOL Compressed Work Schedule Form (Word Doc)