



DEPARTMENT OF THE INTERIOR OFFICE OF THE SECRETARY/OFAS COMPRESSED WORK SCHEDULE REQUEST

Employee Name: _____

Position Title/Series/Grade: _____

I would like to work the following Compressed Work Schedule:

Compressed 5/4-9

**Compressed 4-10

MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival
Departure	Departure	Departure	Departure	Departure	Departure	Departure	Departure	Departure	Departure
Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?	Core Telework Day?
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

*Lunch duration (i.e., 30, 45 or 60 minutes): _____ *Lunchtime window: _____

Employee Certification:

I have read, understand, and agree to all the provisions of the Office of the Secretary AWS policy that are applicable to the work schedule I have requested.

I understand that I must arrive and leave at the times listed above each workday or account for absences with approved in advance compensatory time off, appropriate leave, or other excused absence.

I understand that a Compressed Work Schedule is a privilege and as such I have no inherent right to a Compressed Work Schedule and that this agreement may be revoked at any time if my needs change or if my supervisor determines it is appropriate to do so.

I understand that I am not 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. I cannot earn credit hours and will not expect my supervisor to allow me to maintain "off the record" time off balances.

Employee Signature: _____ Date: _____

_____ Approved

_____ **Not Approved

Supervisor Certification:

I certify that approval of this work schedule will not be disruptive to office coverage or productivity.

Supervisor Signature: _____ Date: _____

**Second Level Supervisor Concurrence: _____ Date: _____

OFAS Support Services Signature: _____ Effective Date: _____

**Employees must incorporate a minimum 30-minute mid-day lunch break into their schedule and adjust arrival and departure times to include their lunch break (For example: for a 9-hour workday that includes a 30-minute lunch break, the arrival time could be 7:30 am with a departure time of 5:00 pm, 9 hours of work plus the 30-minute lunch break).*

***Only for "Not approved" or in the case of the approval of requests for a 4-10 compressed work schedule. In the case that the employee request is not approved, the reason must be articulated to the employee in writing. You may attach the explanation to this agreement.*