



**REMOTE LOCATION/COMPRESSED WORK SCHEDULE  
REQUEST FORM**

Effective Date \_\_\_\_\_  
Employee Name \_\_\_\_\_  
Unit \_\_\_\_\_  
Supervisor \_\_\_\_\_

Check all boxes that apply:

Compressed Work Week:

- ☐ 4/10 schedule – ten hours per day for four days within a week (excl. lunch)
- ☐ 4 ½ day schedule - four nine-hour days and one four-hour day within a week (excl. lunch)
- ☐ 9/80 schedule (four nine-hour days and one eight-hour day in one week/four nine-hour days the following week, excl. lunch)
- ☐ Employee is overtime eligible\*
- ☐ Employee is not overtime eligible

If designating a 4/10 or 4 ½ day schedule, this section must be completed:

<b>Work Schedule</b> (Mark with X)					
	Mon.	Tues.	Weds.	Thurs.	Fri.
<i>Start Time</i>					
<i>Length of Meal Period</i>					
<i>End Time</i>					
<i>Work From Remote Location</i>					

If designating a 9/80 schedule, this second schedule must be completed in addition to the above:

<b>Work Schedule – Week 2</b> (Mark with X)					
	Mon.	Tues.	Weds.	Thurs.	Fri.
<i>Start Time</i>					
<i>Length of Meal Period</i>					
<i>End Time</i>					
<i>Work From Remote Location</i>					

***\*If overtime eligible employee is assigned to a 9/80 work schedule, adjustment to the defined work week must be approved by central Human Resources Compensation.***

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Employee is responsible for updating their work schedule in My.Leave or work record and for updating their Outlook calendar to represent their work from remote location, including contact information.

☐ Approved

☐ Denied

Additional Notes (reason for approval, denial, or additional stipulations):

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Vice Chancellor  
or Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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