

**FOUR DAY WORK WEEK REQUEST**

I,       , request permission to work a four day work week.

NON-WORK DAY:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Hours to be worked: a.m. to Click here to enter time p.m.

Date Parameters: June 20, 2016 – July 22, 2016

Start Date: 6/20/2016

End Date: 7/22/2016

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Employee’s Signature Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Supervisor’s Signature Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Superintendent’s Signature Date

Employee should discuss work days and hours with their immediate management supervisor prior to submitting this form for approval. An employee assigned a 40-hour work week is required to work 10 hours per day. Any vacation or personal/sick time should be called in as 10 hours.

Approved copy will be returned to department office. One copy will be retained in the Human Resources Department and one copy will be given to the Payroll Department.

**ADDITIONAL NOTES:**

**\*\* If, for any reason, the employee decides to cancel this schedule, the work week must be finished.**

\*\* Any week with a paid holiday will revert to the employee’s regular work week (for example: July 4th).

PERS-192

Revised May 2016