**Appendix E**

**Indian Affairs**
**Compressed Work Schedule Agreement**

**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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Employee Certification:

My supervisor and I have agreed that my arrival time will be: _____ a.m .

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

I understand that I must arrive this time every workday morning or account for late arrival or absence with compensatory time off or 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 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

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

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.

Signature: _____ Date: _____

Second Level Supervisor Concurrence: _____ Date: _____
**(Only for "Not approved" and the reason must be articulated to the employee in writing. You may attach the explanation to this agreement.)**