

USGS COMPRESSED WORK SCHEDULE AGREEMENT

1) Employee Name: \_\_\_\_\_

2) Position title/Series/Grade:  
\_\_\_\_\_

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

\_\_\_ 5-4/9      \_\_\_ 4/10      \_\_\_ Part-time (Specify days and hours below)

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

Week 1 Work Schedule

Mon	Tue	Wed	Thu	Fri

Week 2 Work Schedule

Mon	Tue	Wed	Thu	Fri

5) My arrival time will be \_\_\_\_\_ a.m.

My departure time will be \_\_\_\_\_ p.m.

6) I have read, understand and agree to all provisions of the USGS 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.

7) 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-**

8a) \_\_\_ Approved      \_\_\_ Not Approved

8b) Reason for Disapproval:

---

---

---

---

9) This agreement will become effective Pay Period No. \_\_\_\_\_

10) Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_