

**COLLEGE OF THE NORTH ATLANTIC
REQUEST FOR COMPRESSED WORK WEEK AGREEMENT**

I, _____, wish to participate in a Compressed Work Week Agreement, in accordance with **Article 14.01 (c) of the Support Staff Agreement** and Human Resources Flexible Work Arrangements Operational Policy & Procedures.

This agreement is subject to the following conditions:

- The hours worked for each 2-week cycle must total 70/75/80 hours for a normal work week, depending on the regular number of hours required for the position occupied by the employee.
- Once the compressed work week schedule is established, it may remain in effect in accordance with the guidelines of the Flexible Work Agreements Operational Procedures.
- This agreement is provided to employees according to the position s/he currently occupies. Should his/her position change, the compressed work week agreement must then be re-negotiated. It is understood that this type of change may result in the compressed work week agreement becoming unavailable.
- An employee must work the time necessary to be granted time off in a compressed work week. An employee does not earn time off while on leave of any type.
- An employee will not lose credited time off when his/her scheduled time off falls on a holiday.
- There must be a minimum of a half hour lunch break.
- Coffee breaks cannot be incorporated.
- Flexible Work Arrangements are not available during the period in which summer hours are being observed, subject to collective agreement language.
- Approval is subject to operational requirements. Service to learners, employees or the public must not be affected. Based on this the supervisor may modify or discontinue the compressed work week agreement immediately.
- Requests must be submitted on this form and are subject to the approval of the immediate supervisor and the Human Resources Manager.

Understanding these conditions and agreeing to adhere to them, I wish to establish the following work schedule:

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| Agreement 1 – Based on 70 Regular Hours: 9 days bi-weekly: (8 days @ 7 hours, 45 minutes per day and 1 day @ 8 hours) Hours of work - 8 days: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ Hours of work - 1 day: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ |
| Agreement 2 – Based on 75 Regular Hours: 9 days bi-weekly: (8 days @ 8 hours, 15 minutes per day and 1 day @ 9 hours) Hours of work - 8 days: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ Hours of work - 1 day: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ |
| Agreement 3 – Based on 80 Regular Hours: 9 days bi-weekly: (8 days @ 8 hours, 45 minutes per day and 1 day @ 10 hours) Hours of work - 8 days: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ Hours of work - 1 day: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____ |
| Agreement 4: Other appropriate agreements as approved by Supervisor which satisfies operational requirements and meets established guidelines. (Please attach a copy of your working schedule under this agreement.) |

The selected work schedule will be in effect from _____, 20__ to _____, 20__.

It is understood that failure to adhere to the above agreements will result in immediate revocation of all compressed work week privileges and a return to normal working hours.

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| Applicant: Name (Print): _____ Signature: _____ Date: _____ | Supervisor: Name (Print): _____ Signature: _____ Date: _____ |
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Final Approval - Human Resources Manager:
 Signature: _____ Date: _____