

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

I \_\_\_\_\_ wish to participate in a Compressed Work Week agreement subject to the following conditions:

- The hours worked for each 2-week/3-week cycle must total the number of hours required for the position occupied by the employee.
- Once the compressed work week schedule is established, it may remain in effect as per guidelines of the Procedures for Flexible Work Agreements.
- This agreement is provided to employees according to the position they currently occupy. Should the 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.
- Compressed work week arrangements may not be available during summer hours.
- Employees will not lose credited time off when their scheduled time off falls on a holiday.
- There must be a minimum of a half hour lunch break.
- Employees on a 2-week cycle cannot use their lunch break to accumulate compressed hours.
- Coffee breaks cannot be incorporated.
- It is understood that this agreement may be cancelled by any of the signing parties with four weeks written notice.
- Approval is subject to operational requirements. Service to learners, employees or the public must not be affected. Requests must be submitted on this form and are subject to the support of the immediate supervisor and the approval of the Manager of Leave Administration.

Understanding these conditions and agreement to adhere to them, I wish to establish the following work schedule.

<b>Agreement 1 – Based on 70 Regular Hours:</b>
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 ____
<b>Agreement 2 – Based on 75 Regular Hours:</b>
9 days bi-weekly: (8 days @ 8 hours, 45 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 ____
<b>Agreement 3 – Based on 80 Regular Hours:</b>
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 ____
<b>Agreement 4 – Based on 70 Regular Hours (Applicable to 3-week cycle only):</b>
14 day 3-week schedule: (14 days @ 7 hours, 30 minutes per day) Hours of work – 14 days: from ____ a.m. to ____ p.m. Lunch Break: from ____ to ____
<b>Agreement 5:</b>
Other appropriate agreements as approved by Supervisor which satisfies operation 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.

**Applicant:**  
Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Supervisor:**  
Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Final Approval – Manager of Leave Administration**  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Employee File, Supervisor, EDHR