

**RICE UNIVERSITY
COMPRESSED WORK WEEK AGREEMENT**

Name _____

Employee ID # _____ **Department** _____

Position _____ **Position Number** _____

I wish to participate in the Compressed Work Week Program. I understand that hours of benefit time drawn to cover paid days off will correspond with the hours scheduled under the Compressed Work Week program. If a holiday falls on a nine-hour or longer day, I will draw on benefit time to supplement the normal holiday time.

Signature of Employee **DD-MON-YR**

Approval of Department Chair/Director **DD-MON-YR**

I choose Rice University's Alternate Pay Week that runs from 12:01 p.m. on Friday until 12:00 noon the following Friday. I understand this enables me to participate in the Compressed Work Week schedule that provides nine hours of work on Mondays, Tuesday, Wednesdays, and Thursdays and eight hours of work on alternate Fridays. I commit to this Pay Week indefinitely after a trial period of three months. I understand that either the University or I may terminate this agreement with advance written notice.

Effective Date _____
DD-MON-YR

Signature of Employee **DD-MON-YR**

Approval of Department Chair/Director **DD-MON-YR**