CNIC
★ FLEET ★ FIGHTER ★ FAMILY

Employee's Name:	
Code:	

I.   BASIC WORKWEEK SCHEDULE (BWS)

Effective _____, I voluntarily request to work a Basic Work Schedule (BWS), which is a weekly work period consisting of five days with 8 working hours per day. I understand my standard hours of duty are *(check one)*:
☐ 0730-1600 (includes 30-minute unpaid lunch)
☐ 0730-1615 (includes 45-minute unpaid lunch)
☐ 0730-1630 (includes 1-hour unpaid lunch)

☐ I request to change from the Basic Work Schedule (BWS) to a Compressed Work Schedule (CWS). *Fill in Section II and sign.*	☐ I request to change from my Basic Work Schedule (BWS) to a Flexible Work Schedule (FWS). *Fill in Section III and sign.*

Employee Signature:		Date:	

II.   COMPRESSED WORK SCHEDULE (CWS)

Effective _____, I voluntarily request to participate in the Compressed Work Schedule, which is a biweekly work period consisting of:
• Eight 9½-hour days (includes 30-minute unpaid lunch) or eight 10-hour days (includes 1-hour unpaid lunch)
• One 8½-hour day (includes 30-minute unpaid lunch) or one 9-hour day (includes 1-hour unpaid lunch)
• One regular day off (RDO).
I request my standard pay period hours of duty to be as follows:

Pay Period Hours of Duty							
Week 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Time							
End Time							
Week 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Time							
End Time							

☐ I request to change from my Compressed Work Schedule (CWS) to the Basic Work Schedule (BWS). *Fill in Section I and sign.*	☐ I request to change from my Compressed Work Schedule (CWS) to a Flexible Work Schedule (FWS). *Fill in Section III and sign.*

Employee Signature:		Date:	

III.   FLEXIBLE WORK SCHEDULE (FWS)

Effective _____, I voluntarily request to participate in the Flexible Work Schedule, which is a weekly work period with start times varying within a range of 0500 to 0900. I request my standard hours of duty to be *(check one)*:
☐ Five 8½-hour working days (includes 30-minute unpaid lunch)   Start Time: End Time:
☐ Five 9-hour working days (includes 1-hour unpaid lunch)   Start Time: End Time:

☐ I request to change from the Flexible Work Schedule (FWS) to a Compressed Work Schedule (CWS). *Fill in Section II and sign.*	☐ I request to change from my Flexible Work Schedule (FWS) to a Basic Work Schedule (BWS). *Fill in Section I and sign.*

Employee Signature:		Date:	

IV.   SUPERVISOR'S RECOMMENDATION

☐ Approved ☐ Disapproved	Comments:

Supervisor's Signature:		Date:	