



## CALIFORNIA INSTITUTE OF TECHNOLOGY

To: Compensation Office, MC 157-84

From: (Supervisor/Manager Name)

Date:

Subject: Extended Workweek (EWW) Request

Due to operational needs, the Division/Department of (Division/Department Name) requests the additional services and remuneration of (Employee Name) for work performed in the following capacity:

(Brief description of duties being performed by employee)

The above employee's current rate of pay is (dollar value) per (unit measure). Additional pay of (dollar value) per (unit measure) is requested with an effective date of (date) and end date of (date).

The EWW payment and terms are subject to approval by Human Resources prior to the beginning of the EWW assignment.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compensation Office

\_\_\_\_\_  
Date