Annual Flex-Time or Alternative Work Schedule Agreement

Employee Name: _____

Department: _____ **Date:** _____

The following terms have been agreed upon concerning your request for an alternate/compressed work schedule on _____ day(s) of each week / alternate week (circle appropriate) beginning _____. The workdays shall be _____ hours.

Work Schedule

We have agreed that this will be your normal work schedule. You understand that if business needs change, with reasonable notice, you will be expected to adjust your work schedule to meet the needs of the department. We also expect that you will make every effort to arrange your personal appointments either on your days off or after work hours. The description of the work schedule is as follows:

_____

_____

_____

_____

_____

Trial Period

If you have not completed a trial period agreement, please complete the trial agreement form for the initial time period. Thereafter, this annual agreement may be used.

Cancellation

If this arrangement continues after the trial period, management reserves the right at any time to change the work schedule, including restoring it to a regular full time schedule in the office, if business needs change or if management determines that this work schedule is not successful. Please note that a change in where you work (home versus office) without other changes, (such as increased hours or extra workdays) is not considered a significant work change.

Holidays/Vacations

Vacation, and sick pay are calculated on the number of hours an employee works per bi-weekly pay period for non-exempt employees and number of days an exempt employee works per month, as well as the length of service for both groups. "HOLIDAYS" are treated as holidays for both groups even if the holiday should fall on your normally scheduled week day off. You may not take an additional day off should this occur in any given week.

Meetings

All staff and client meetings are the responsibility of each employee. If there is a meeting scheduled on your scheduled weekday day off, it will be your responsibility to submit all work due at the meeting before hand to your manager, and to obtain all information discussed or distributed at the meeting immediately upon your return.

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

Dates affected by this work agreement for FY ____ - ____