

See guidelines on reverse

FLEXIBLE WORK AGREEMENT

Use this form for documenting position scheduling activities lasting more than one work week.

EMPLOYEE NAM	E (Last, First, M.	1.)				FLEXIBLE START			E WORK DATE
SUPERVISOR NAME PC					OSITION TITLE			POSITION ID	
ORG UNIT #	.E WORK ARRAN	IGEMENT			ORG UNIT	NAME			
Flexible work	○ Com	pressed work		O Job share	Telew	ork			
TYPE OF POSITION	ON (EE Group)	○ Exempt	0	Non-exempt					
Clerical	○ Service	1	Operation	ons/Technical	○ Administrat	ive/Professional	0	Management/Pi	ofessional
DESCRIPTION C	OF SCHEDULE C	HANGE							
	Current Work Schedule		Lunch		Proposed Work		rk Schedule	e Lunch	
	Start	End	Start	End		Start	End	Start	End
Monday					Monday				1
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Saturday					Saturday				
Sunday		_			Sunday				'
6	/ A !! ! .								
Supervisor Comr	nents/Alternativ	e schedule							
By signing th	his document, tl	ne manager/	superviso	r and department	t head/designee	give approval	for the Flexi	ble Work Agr	eement.
			Fr	mployee					Date
				прюусс					Date
			Supervi	isor/ Manager					Date
			Departmen	it Head/ Designee					Date
Copies to:	Employee	Super		Org Busines			Resources		ther

GUIDELINES:

- **1.** The proposed schedule must be mutually agreeable to all employees involved and the supervisor.
- **2.** Hours to be made-up cannot be carried into another workweek.
- **3.** The averaging of hours over two or more weeks is not permitted.
- **4.** For non-exempt employees, all hours over 40 in the workweek must be paid at the overtime rate. This includes: holidays, vacations, sick leave, jury duty, funeral leave and military duty.
- 5. The department head or designee must approve the flextime schedule in advance of its implementation.
- **6.** If the proposed work schedule does not fit the parameters below, provide an alternative schedule in the Supervisor/Alternative Schedule field.