Alternative (Flexible) Work Schedule
Agreement (Exempt Employees)

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| Employee Information |
| **This Agreement specifies the conditions applicable to an alternative work schedule arrangement for:** |
| **Employee Name** | **Payroll Title** | **Title Code** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Supervisor Name** | **Department** |
| Click here to enter text. | Click here to enter text. |
| Schedule |
| [ ]  Compressed work week4/10 Schedule Click here to enter text. Flex Day - Click here to enter text.9/80 Schedule Click here to enter text. Flex Day - Click here to enter text.Other Click here to enter text. Flex Day - Click here to enter text.[ ]  Flextime schedule Click here to enter text. |
|  |
| Agreement |
| This agreement begins on Click here to enter text. and continues until Click here to enter text.1. The following plan and timetable for monitoring the appropriateness and effectiveness of this arrangement are agreed upon: Click here to enter text.
2. The employee agrees that all obligations, responsibilities, terms and conditions of employment with the university remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.
3. The employee agrees that the unit/department head reserves the right to modify or suspend this agreement in the event of unanticipated circumstances regarding employee performance or operational needs, provided 30 days notices is given.
4. The employee understands and agrees to the applicable holiday pay provisions noted in the *Compressed Workweek Schedule Guideline* for exempt employees on compressed workweek schedules.
5. The employee understands and agrees to the applicable vacation and sick leave pay provisions noted in the *Compressed Workweek Schedule Guideline* for exempt employees on compressed workweek schedules.
6. Since there is no limitation on the hours worked by an exempt employee, and no overtime pay is required by law, upon department approval, an exempt employee may switch their flex day to another day within the same month.
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| Affirmation |
| I hereby affirm by my signature that I have read the applicable Compressed Workweek Schedule Guideline or Flextime Guideline, and understand and agree to all of its provisions. |
| Employee Signature | Supervisor Signature |
|  |  |
| Maintenance Agreement |
| The agreement shall be maintained in the employee’s personnel file, with copies to the:[ ]  The employee[ ]  The supervisor[ ]  The department headAdditional comments: Click here to enter text. |