



**F079 Flex/Compressed Work Week Agreement**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

The following terms have been agreed upon concerning your request for an alternate/compressed work schedule beginning \_\_\_\_\_.

**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 work schedule agreed upon is as follows and cannot be altered:

Day	Current Schedule	Current Hours Per Day	Proposed Schedule	Proposed Hours Per Day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
<b>Total Hours/Week</b>				

Notes: (Please make note of any special circumstances in your scheduling arrangement)

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**Trial Period**

A \_\_\_\_\_ month trial period (not to exceed three months) will run from \_\_\_\_\_ to \_\_\_\_\_. Upon completion of this trial period, we will evaluate the success of the schedule to determine whether it can be continued. If management determines this staffing position is not successful, management may require you to return to a regular schedule in the office at any time within or at the end of the trial period. If you are unable or unwilling to perform the job at the regular full-time schedule, you will voluntarily terminate your employment.

**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 of extra workdays) is not considered a significant work change.

**Holidays/Vacations**

If a holiday falls on a normally scheduled day off for an employee participating in an alternate work arrangement, the day immediately before or after will be taken as the scheduled day off.

**Meetings**

All staff and client meetings are the responsibility of each employee. If there is a meeting scheduled on your scheduled days 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.

**Workload**

Staff are expected to continue their work as usual on an alternate work arrangement. If the employee is unable to fulfill their duties, management reserves the right to return the employee to their regular full-time schedule.

**Timesheets**

It is up to the employee and their direct supervisor to keep track of these modified work schedules. Timesheets will continue to be input as their regular schedule. Employees are expected to add a note in their timesheet each day of their actual hours work to reflect hours worked).

**AUTHORIZED SIGNATURE:**

I agree to the terms set forth in this agreement.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_