

See guidelines on reverse

**FLEXIBLE WORK AGREEMENT**

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

EMPLOYEE NAME (Last, First, M.I.)	FLEXIBLE WORK START DATE	FLEXIBLE WORK END DATE
SUPERVISOR NAME	POSITION TITLE	POSITION ID

ORG UNIT #	ORG UNIT NAME
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**TYPE OF FLEXIBLE WORK ARRANGEMENT**

Flexible work     
  Compressed work     
  Job share     
  Telework (attach completed telework arrangement form)

**TYPE OF POSITION (EE Group)**

Exempt     
  Non-exempt

Clerical     
  Service     
  Operations/Technical     
  Administrative/Professional     
  Management/Professional

**DESCRIPTION OF SCHEDULE CHANGE**

	Current Work Schedule		Lunch			Proposed Work Schedule		Lunch	
	Start	End	Start	End		Start	End	Start	End
Monday	_____	_____	_____	_____	Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____	Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	Sunday	_____	_____	_____	_____

Supervisor Comments/Alternative schedule

**By signing this document, the manager/supervisor and department head/designee give approval for the Flexible Work Agreement.**

Employee	Date
Supervisor/ Manager	Date
Department Head/ Designee	Date

Copies to:   
 Employee     
 Supervisor     
 Org Business Office     
 WorkLife Programs     
 Other

**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.