

Flexible Work Arrangement Agreement

Manager: _____

Employee: _____

Date: _____

This agreement is subject to the following conditions:

1. Evaluation every _____ month(s) or more often as necessary.
2. Employee maintains normal interactions with supervisor, coworkers and customers and is accessible to staff during traditional work hours.
3. Employee's work schedule does not adversely affect other employees and/or customer service.
4. Personal leave is handled in the same manner as prior to the Flexible Work Agreement.
5. Employee agrees to and follows the agreed upon work schedule.
6. Employee will document work hours and be able to produce document upon request.

Schedule

Select the type of Flexible Work Arrangement being agreed to:

- Flextime:** A program designed to allow staff to work "core hours" with either early or late beginning/ending of the workday.

- Job-Sharing:** A program in which two people share a position, each working part of the week.

- Compressed Work Week:** A program designed to allow eligible full time staff members to work longer scheduled days of work with the intent of working fewer than 10 work days in each pay period.

- Reduced Hours/Part-Time:** Employee may choose to work less than the standard 40 hours per week.

- Telecommute:** A program designed to allow staff to work a portion of their normally scheduled work hours from a remote location. (See Telecommute Guide.)

- Other:** _____

Specific Work Hours

Day	Hours	On-Site	Off-site
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Hours			

The evaluation of the Flexible Work Agreement will be based on the successful completion of the employee's job responsibilities.

The employee and the management at the workplace understand that effective communication is essential for the work arrangement to be successful.

The Flexible Work Agreement will be effective: _____

I have read and understand this agreement.

Employee

Date

Manager

Date