FLEXTIME AGREEMENT
[Flextime/Compressed Workweek]

This Agreement specifies the conditions applicable to an arrangement for (check one):

_____ Flextime (variable)

_____ Compressed Workweek

The Agreement begins on ___________ and continues until ____________.

1. Days and hours when the employee is normally expected to be in the department are:

   Week One
   Monday ______ to ______ with ______ minute lunch period
   Tuesday ______ to ______ with ______ minute lunch period
   Wednesday ______ to ______ with ______ minute lunch period
   Thursday ______ to ______ with ______ minute lunch period
   Friday ______ to ______ with ______ minute lunch period
   Saturday ______ to ______ with ______ minute lunch period
   Sunday ______ to ______ with ______ minute lunch period

   Week Two [applicable to compressed workweek agreement only]
   Monday ______ to ______ with ______ minute lunch period
   Tuesday ______ to ______ with ______ minute lunch period
   Wednesday ______ to ______ with ______ minute lunch period
   Thursday ______ to ______ with ______ minute lunch period
   Friday ______ to ______ with ______ minute lunch period
   Saturday ______ to ______ with ______ minute lunch period
   Sunday ______ to ______ with ______ minute lunch period

2. The following plan and timetable for monitoring the appropriateness and effectiveness of the arrangement are agreed upon:

3. The employee understands that any additional hours which might involve overtime (for non-exempt employees only) must be approved in advance by the supervisor.

4. 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.

5. The employee agrees that the unit/department reserves the right to modify or suspend immediately this Agreement in case of unanticipated circumstances regarding employee performance or operational needs.

I hereby affirm by my signature that I have read this Flextime Agreement, and understand and agree to all of its provisions.

_______________________________________________ _______________________________
Employee Signature Date

_______________________________________________ _______________________________
Supervisor Signature Date

*Employee & Supervisor each keep a copy of this agreement.