

EMPLOYEE NAME:	BANNER ID	POSITION TITLE

SUPERVISOR NAME:	DEPARTMENT	POSITION TITLE

Details of Work Schedule

The following terms have been agreed upon in relation to _____'s request for a flexible work schedule.

This agreement will be effective _____ and will expire _____.

Start Time	Comments:
Lunch Hour	
End Time	

Managing Meetings

To the extent possible, meetings will be scheduled during your working hours, on your working days. You are responsible for informing individuals who set up meetings of your work schedule.

If it is not possible for you to attend the meeting, it will be your responsibility to submit all work due at the meeting beforehand to the applicable meeting chairperson, and to obtain all information discussed or distributed at the meeting as soon as possible after the meeting.

Cancellation and Modifications to Agreement

The employer reserves the right to change the work schedule, including restoring it to a regular full time schedule, if operational needs change or it is determined that this work schedule is not successful. One (1) month's notice shall be given to the employee before the implementation of a change to her/his work schedule unless the employee waives this right.

Impact on Holidays/Vacations

If a statutory holiday should fall on your normally scheduled weekday off, you will be entitled to take an alternate day off in lieu, on a date mutually agreed upon with your supervisor.

Finalizing the Agreement

You understand that this agreement does not constitute a contract of employment between you and the university and does not alter the basic employment relationship between you and the employer. The employer's policies and relevant collective bargaining agreements continue to apply to you, as applicable.

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Department Head Signature: _____	Date: _____