**Alternative Work Schedules Agreement**

**Purpose**

To provide work/life strategies for employees and to and reduce congestion and tardiness through the implementation of alternative work schedules. Alternative work schedules are defined as a compressed work week, flextime and staggered hours.

**Definition of Terms**

* **Compressed Work Week** is defined as a work week schedule which permits employees to finish their usual number of working hours in fewer days per pay period, either by working the normal weekly hours in four days (4/40), the normal biweekly hours in nine days (9/80) or three 12 hour work days (3/36).
* **Flextime** gives the employees the option of changing their starting and ending time on a periodic, open-season basis, as determined by management.
* **Staggered Hours** provide employees exact start and leave times for groups of employees. Typically start and end times are staggered by 15 or 30 minutes.

(Variations in the selected program(s) will be determined by department management.)

**Conditions**

When an alternative work arrangement is implemented, the following conditions will apply:

* The Department may cancel the program at any time and revert back to the five day 40-hour schedule.
* Eligibility is determined by department management.
* Overtime, if required, will normally be scheduled on employee’s day off.
* On a compressed work week program, use of a full vacation day will be charged 10 hours on the 4/40, approximately nine hours on the 9/80 and 12 hours on the 3/36.
* Compelling hardship reasons for not participating in the program requires advance approval.
* Preference in selecting a compressed work week day off or flextime starting and ending time will be given to employees with ridesharing arrangements, day care situations, or health concerns.
* Holidays represent 8 hours of leave with pay. Any employee working a 9 or 10-hour day will need to use vacation time to make up the difference. If the holiday falls on an employee’s regular 4/40, 9/80 or 3/36 day off, the eight hours will be credited as additional vacation time.

I, (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received, read, and understand the above and agree to participate in (please check box that applies):

* + Flextime
  + Compressed work week 4/40 (Four-day work week)
  + Compressed work week 9/80
  + Compressed work week 3/36
  + Staggered Hours

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Employee Signature Date

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Supervisor Signature Date

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Department Manager Signature Date