

Send *Original* Agreement to [Staff Employment Services](#) for the personnel file. Employee and Supervisor should each keep a copy of this agreement. Contact [Staff Employment Services](#) if you have any questions or concerns.

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

This Agreement specifies the conditions applicable to an arrangement for: ☐ Flextime ☐ Compressed Workweek

This Agreement begins on \_\_\_\_\_ and continues until \_\_\_\_\_

Days and hours when the employee is normally expected to be in the unit/department are:

Week One	Begin Time	End Time	Lunch Duration
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Week Two*	Begin Time	End Time	Lunch Duration
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\*week two applicable to compressed workweek only

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

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

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date