

## Alternative Work Schedule Agreement

Personnel Information					
<b>Employee</b>					
Last Name	First Name	MI	RU ID	Position #	Work Title
<b>Supervisor</b>				<b>Alternative Work Schedule Dates</b> <i>Reviewed annually</i>	
Last Name	First Name	Department Name		Start Date:	End Date:

Alternative Work Schedule Requested				
Day of the Week	Start Time	Length of Meal Period	End Time	Total Hours Worked
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Weekly Total				

Describe how you will be able to continue to perform your job duties and meet your job requirements during this alternative schedule:

### Conditions of Alternate Work Arrangement

The arrangement will commence and can be discontinued at any time at the discretion of the supervisor if the arrangement does not meet the operational needs of the department and/or the employee fails to comply with the Alternative Work Schedule Policy and approved Agreement.

The employee must adhere to the selected alternative work schedule; no changes will be allowed unless approved in advance by the supervisor.

The employee must maintain acceptable attendance as well as the expected quantity and quality of work.

If the employee fails to comply with the Alternative Work Schedule Agreement, he or she will be returned to the standard work schedule for the department and may be subject to disciplinary action.

All alternative work schedules must conform to the overtime and recordkeeping provisions of the Fair Labor Standards Act.

An employee who is unable to work due to illness must request and use accrued sick leave in accordance with University Policy and departmental procedures. Supervisors must confirm the number of hours of leave taken in light of the alternative work schedule.

An employee must request and use available leave in accordance with University policy and departmental procedures.

*The information provided within this agreement is accurate and will be followed. If any information changes, it is the employee's duty to inform the supervisor and to initiate the completion of an updated agreement. The parties have read and understand this agreement in accordance with the [Alternative Work Schedule Policy](#). This agreement replaces and supersedes all prior agreements and/or arrangements*

<b>Employee Signature</b>	<b>Date</b>
<b>Supervisor Signature</b>	<b>Date</b>
<b>Division Head Signature</b>	<b>Date</b>

### HUMAN RESOURCES USE ONLY

<b>HR Approval</b>	<b>Date</b>
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