

FLEXIBLE WORK SCHEDULE AGREEMENT 4/10

[Compressed Workweek]

This Agreement specifies the conditions applicable to an arrangement for:

Employee: _____ Dept: _____

Supervisor: _____ Dept: _____

This Agreement begins on _____ and continues until _____

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

NOTE: SCHEDULE IS FIRM AND CANNOT CHANGE FROM WEEK TO WEEK.

Weekly schedule: *Time must be scheduled daily for 10 hrs, 10 hrs, 10 hrs, 10 hrs & 0 hours (day off)*

Monday	to	with	minute lunch
Tuesday	to	with	minute lunch
Wednesday	to	with	minute lunch
Thursday	to	with	minute lunch
Friday	to	with	minute lunch
Saturday	RDO	with	minute lunch
Sunday	RDO	with	minute lunch

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

EXAMPLE: Work will be monitored through 1 on 1 meetings, client feedback and review of work to insure deadlines and client services are not adversely affected. It is further agreed that 'employee-name' may be required to work on alternative days off due to operation and/or client need.

3. 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.
4. **HOLIDAYS:** All holidays are paid for 8 hours. Non-Exempt employees must use 2 additional hours on the TRS timesheet to be fully paid for the holiday (*i.e., Holiday 8, Vacation 2*).

5. 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.
6. This agreement may be terminated at any time by either the employee or the unit/department with two weeks' notice. The unit/department reserves the right to modify, suspend or terminate this Agreement with less than two weeks' notice in case of unanticipated circumstances regarding employee performance or operational needs.

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

Employee Signature*	Date
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Supervisor Signature	Date
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*Employee & Supervisor/department head each keep a copy of this agreement.
Copy to UCOP HR Payroll – *Schedule will be recorded in TRS.*