

CLAYTON STATE UNIVERSITY

EMPLOYEE Flexible Work Schedule AGREEMENT FORM

EMPLOYEE NAME (Last, First, Middle Initial):

EMPLOYEE ID:

DEPARTMENT:

SUPERVISOR NAME:

EMPLOYEE TITLE:

FLEXIBLE WORK START DATE:

TYPE OF FLEXIBLE WORK Schedule ARRANGEMENT REQUESTED:

Flexible start/end times for 8-hour work day:

Start time: _____ am/pm

End time: _____ am/pm

Compressed workweek

What hours will you work? _____

What is your flex day?

M T W TH F

SAT SUN

Please indicate type of compressed workweek:

10-hour work day for 4 days with one day off per week

9-hour work day:

1/2 day off once a week

full day off every other week

Flexible Lunch Period

30 minute lunch 45 minute lunch

Other (please describe):

CLAYTON STATE UNIVERSITY

1. By signing this agreement, the employee certifies that he/she has reviewed, understands and agrees to abide by the CSU Flexible Work Schedule Policy set forth in the Employee Handbook, including, but not limited to, specific provisions addressing:
 - a. Work hours and accessibility;
 - b. Performance expectations; and
 - c. Revocability of the agreement.

2. Terms of Employment. The employee's participation in a Flexible Work Schedule program is entirely voluntary and is available only to employees deemed eligible at the University's sole discretion. There exists no employment right to a flexible work schedule. Either party may terminate the employee's participation in a Flexible Work Schedule program, with or without cause, upon providing reasonable notice in writing, to the other. The University will not be held responsible for costs, damages, or losses resulting from cessation of participation in a Flexible Work Schedule program. This writing is not a contract of employment between the University and the employee, does not provide any contractual rights to continued employment, and does not legally alter in any fashion the at will employment policy of the University. It does not alter or supersede the terms of the existing employment relationship. The employee's supervisor must approve overtime requests (for non-exempt employees) and use of leave time (for all employees).

3. Length of Commitment & Revocability. This Flexible Work Schedule agreement will begin and end on the dates indicated above, unless terminated sooner by the employee or employer. Should the employee or employer wish to terminate the agreement before the Flexible Work Schedule end date indicated above, 14 calendar days advance notice is required. Continuation of this agreement is subject to termination at any time if University or departmental goals are not being met. Exceptions to the 14 day cancellation may be approved on a case-by-case basis.

4. Availability. Employee agrees to structure his or her time to ensure availability at required meetings or in order to perform assignments as designated by the supervisor that may conflict with the established Flexible Work Schedule.

5. Vacation/Sick Leave Considerations (while working Compressed Workweeks). Standard daily work hours (within your compressed work week schedule) will be charged when taking accrued vacation and sick leave. For example, if you are working 4 ten hour days, and your vacation or sick time falls within your compressed work week, you will be charged 10 hours.

I acknowledge and affirm by my signature below that I have read this agreement and understand its subject matter. I additionally affirm that I was provided the opportunity to have this Agreement reviewed by my own legal counsel prior to entering into it.

Employee	Date
Supervisor	Date
Department/Division Head	Date

Cc: Employee
Supervisor
Department File
HR Personnel File