



Alternate Work Schedule Agreement

(Complete Alternative Work Schedule Request form first)

I, _____, am/will participate in the flex work schedule (to work either 37.5 hours/week in 4 days or 75 hours over two weeks in 9 days) as described in this agreement. For the 4-day work schedule, the workweek will begin at 12:01 am, Sunday and end at Saturday midnight. For the 9-day work schedule, the workweek will begin in the middle of the shift that corresponds to the day off every other week. In other words, if the employee takes every other Friday off, the workweek will begin at the time that corresponds to the middle of the Friday shift. Regular days off will be Saturday and Sunday.

Flex Work Schedule (Check one): **4 days/week, 37.5 hrs/week** **9 days/75 hours/two weeks**

Work Days: _____

Scheduled Daily Work Hours: _____ Lunch Period: _____

Scheduled Days Off: _____

Holidays

During a week in which there is a City holiday(s),

- The 4 day flex schedule shall be suspended and the employee will return to 7.5 hours/day scheduled for that week, except for the holiday(s), as follows:

Work Days: _____

Scheduled Daily Work Hours: _____ Lunch Period: _____

- The 9 day and/or 4 day flex schedule shall **remain in effect** and the employee will be allowed to maintain their normal flex day off. If the flex day falls on the holiday, the employee may take the "normal" day off on another day during the same two week work schedule where the holiday occurs. The holiday would count for 7.5 hours, and the employee still needs to account for 75 hours in the two week work schedule. If the employee is normally scheduled to work more than 7.5 hours on the day they take off to make up for the holiday, the hours scheduled above 7.5 must be made up sometime during the two week period. Such an arrangement shall not result in overtime.

Leave

Employees participating in a flex schedule shall continue to accrue leave based on a normal workday/workweek. Any accrued leave taken on a regularly scheduled work day shall be equal to the number of hours the employee was scheduled to work on the day the leave was taken.

Terms of Agreement

I understand the City reserves the right to discontinue the approved alternative work schedule(s) at any time if it is determined by the City that customer service or productivity objectives are not being met. The City must provide 30 days' notice if the alternate schedule is discontinued.

My participation in this alternative work schedule is voluntary and I understand that I may request that my participation in this approved alternative work schedule end if I so desire.

Employee:

Department Director:

Signature

Date

Signature

Date

- COPY TO HR FOR PERSONNEL FILE -