# Purdue University Northwest

**FLEXIBLE WORK AGREEMENT**

Use this form for documenting position scheduling activities lasting more than two work weeks

EMPLOYEE NAME (Last, First, M.I.)

SUPERVISOR NAME

POSITION TITLE

FLEXIBLE WORK START DATE

FLEXIBLE WORK END DATE

POSITION ID

ORG UNIT #

**TYPE OF FLEXIBLE WORK ARRANGEMENT**



ORG UNIT NAME

Flexible work Compressed work

Job share

Telework (attach completed telework arrangement form)

**TYPE OF POSITION (EE Group)**

Exempt Non-exempt

Clerical Service Operations/Technical Administrative/Professional Management/Professional

# DESCRIPTION OF SCHEDULE CHANGE

**Current Work Schedule**

**Lunch**

**Proposed Work Schedule**

**Lunch**

Start End Start End Start End Start End Monday Monday

Tuesday Tuesday

Wednesday Wednesday

Thursday Thursday

Friday Friday

Saturday Saturday

Sunday Sunday

Supervisor Comments/Alternative schedule

**By signing this document, the manager/supervisor and department head/designee give approval for the Flexible Work Agreement.**

Employee Supervisor/ Manager

Date Date

Department Head/ Designee

Date

# GUIDELINES:

1. The proposed schedule must be mutually agreeable to all employees involved and the supervisor.
2. Hours to be made-up cannot be carried into another workweek.
3. The averaging of hours over two or more weeks is not permitted.
4. For non-exempt employees, all hours over 40 in the workweek must be paid at the overtime rate. This includes: holidays, vacations, sick leave, jury duty, funeral leave and military duty.
5. The department head or designee must approve the flextime schedule in advance of its implementation.
6. If the proposed work schedule does not fit the parameters below, provide an alternative schedule in the Supervisor/Alternative Schedule field.