|  |  |
| --- | --- |
|  | **VCU ALTERNATIVE WORK AGREEMENT** |

**The Alternative Work Agreement form is used for compressed schedule, job sharing, and flextime.** For telework assignments, please complete the VCU Telework Agreement.

By completing and signing this alternative work agreement, you are acknowledging that you have read the policies and guidelines associated with Alternative Work Arrangement for University and Academic Professionals.

Please select the appropriate action for this agreement:

**\_\_\_ New Agreement**

**\_\_\_ Update/Renewal Agreement**

**\_\_\_ Termination of Agreement**

\_\_\_ **Equity and Access approved ADA accommodation**

# Section 1: GENERAL INFORMATION

The following constitutes a flex time agreement between: (PLEASE PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Job Title Employee V#**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager Name Department**

**FLSA Status:** Exempt Non-exempt

**Alternative Work Arrangement:** (Select only one option)

# Compressed Schedule Flextime Schedule

**Job Sharing Reduced Schedule**

**Staggered Schedule**

**Sample Schedule:**

Please complete a schedule including start and end times. Schedule should include ½ hour unpaid meal break if working over 6 hours in one day.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **TOTAL** |
| Week 1 |  |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |  |

Additional Comments:

# Section 2: EMPLOYEE TERMS AND CONDITIONS OF ALTERNATIVE WORK ARRANGMENTS

The employee volunteers to participate in the Alternative Work Arrangement (AWA) and agrees to adhere to the applicable guidelines. The Department head reviews all requests from his or her areas of responsibility, recommends the employee's participation, and agrees to adhere to the applicable guidelines. Human Resources will audit the agreement for compliance with university policies as well as state and federal laws. The manager and employee should initially review the AWA after three (3) months, and if necessary revise the work arrangement.

The policy does not provide for every contingency that may arise. The manager and employee entering into an agreement based upon this policy will endeavor to work together to resolve any unforeseen situation that may arise.

1. **Duration.** This agreement will be valid beginning and ending \_\_\_\_\_\_\_

(end date can be no longer than 12 months from the start date). At that time, both parties will participate in a review, which will result in continuation or termination of the agreement). Date of initial 90 day review (required): . Agreement must be renewed annually.

1. **Pay and Attendance.**  All pay, leave, and benefits will be based upon the employee's official classification. Employee's time and attendance will be recorded as performing official duties of the official position classification. The employee remains responsible for accurate and timely completion of the timesheet.
2. **Leave.** Employees must obtain approval of the manager before taking leave in accordance with established policy and office procedures. By signing this form, the employee agrees to follow established procedures for requesting and obtaining approval of leave.
3. **Overtime.** The employee must continue to work in his or her current FLSA status while working an alternate schedule. If the employee works overtime that has been ordered and approved in advance, he or she will be compensated in accordance with applicable policy and regulations. The employee understands that the manager will not accept the results of unapproved overtime work and will act vigorously to discourage it. By signing this agreement the employee agrees that failing to obtain proper approval for overtime work may result in termination of the Alternative Work Agreement or other appropriate action.
4. **Accessibility.** The use of an alternative work option does not preclude an employee’s attendance, if necessary, at meetings, training sessions, or similar events or occurrences scheduled on days or at times when the employee would customarily not be working due to an alternative work option. Alternate arrangements should be made so that the employee can attend the necessary function and take other time off.
5. **Curtailment and Agreement**.The employee may request termination of the arrangement with two weeks’ notice. The manager has the final authority to approve or deny the request. Continuation of an alternative work arrangement is at the manager’s reasonable discretion and may be terminated at any time with a minimum of two weeks’ notice accomplished in accordance with established policies and procedures. It is possible that factors outside the control of VCU could impact the continuation of this agreement. In the event that the manager reporting relationship changes, this agreement is not binding and may be subject to review or cancellation.

# Section 2: SIGNATURES AND APPROVAL:

Employee: Date:

Manager: Date:

HR Professional: \_ Date:

Original signed document to be kept in the employee's official personnel file. The employee and manager should also retain a copy. Alternative Work Agreements must be, at a minimum, reviewed annually with a new signed agreement submitted to HR.