



ATTACHMENT B—Flexible Work Schedule Policy
 University of Massachusetts Boston
Flexible Work Schedule Agreement

Employee:

Name	Empl ID	Phone	Email

Supervisor:

Name	Empl ID	Phone	Email

Department Name	Department ID

Flexible Work Schedule:

Work Day	Start Work		Finish Work		Total Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Work Hours Per Week					

If an employee works more than 6 (six) hours in a day, s/he is entitled to a ½ (one half) hour unpaid lunch break. The lunch break cannot be shortened or eliminated to support a flexible work option

Employee takes a 1/2 hour or 1 hour unpaid lunch break each day.

Review Schedule: Periodic reviews of the flexible work schedule relating to an employee's work performance must be conducted initially after 3 months and every 6 months thereafter. This documentation should be used in completing the employee's annual performance review.

Flexible Work Schedule Agreement Start Date: _____

Flexible Work Schedule Agreement 3 months Review Date: _____

Flexible Work Schedule Agreement 6 months Review Date: _____

Review for work performed outside standard work schedule:

Tasks		Comments
1		
2		
3		
4		
5		

Add 6 month comments on additional sheets.

Hours of Work/Compensation/Benefits:

The employee:

1. Agrees to apply themselves to his/her work during assigned work hours and to maintain at least the current productivity and quality levels while participating in the program;
2. Acknowledges that schedule changes may be made at the discretion of the supervisor or the employee, but that the operational needs of the University shall take precedence;
3. Agrees to obtain prior approval before working overtime/compensatory time and understands that the supervisor will not accept unapproved overtime/compensatory time worked; and
4. Agrees to be available during the core hours of 10am and 3pm, unless otherwise determined by the department.

The supervisor:

1. Agrees that procedures are in place to document the work hours of the employee while participating in the Flexible Work Schedule Program;
2. Will discuss with the employee their status during campus closures.
3. Acknowledges that all authorized overtime/compensatory hours will be compensated in accordance with applicable law, University policy and collective bargaining agreements.
4. Will not unreasonably deny accrued time off because of participation in this program.

Termination of Plan:

1. The employee may terminate participation in program at any time with at least 2 weeks' notice.
2. The supervisor may terminate the employee's participation in the program at any time with at least 2 weeks' notice. Employees' participation may be withdrawn for reasons to include, but not limited to, lack of compliance with tasks during unsupervised time, and/or due to the needs of:
 - a. the department and co-workers;
 - b. customer service and availability to students, other employees and visitors;
 - c. distribution of workload;
 - d. effectiveness and productivity of the department.

Acknowledgment:

As the employee, I acknowledge that I have been given a copy of the University's Flexible Work Schedule policy and the department's Flexible Work Schedule Plan.

**** Please initial: _____

Approvals:

By signing below the Employee, Supervisor, and Department Head agree to the terms of this Flexible Work Schedule Agreement. A copy of the Flexible Work Schedule Agreement is to be retained by the employee and the Department. The original is submitted to HR for approval.

Employee Name	Signature	Date
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Supervisor Name	Signature	Date
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Department Head Name	Signature	Date
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Human Resources Name	Signature	Date
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