

ST. JOHN'S UNIVERSITY, NEW YORK
AGREEMENT FOR A FLEXIBLE WORK ARRANGEMENT

Type: COMPRESSED WORKWEEK

Before completing this agreement, make sure you have read and understand Human Resources policy #115 on Flexible Work Arrangements (FWA) found in the HR Policy Manual, and that the work arrangement being constructed here conforms to the policy. If any element of this agreement does not comply with University policy, the agreement shall not be valid.

Definition: The compressed workweek allows an employee to complete the standard full-time weekly hours in fewer than five days per week. This arrangement is most conducive to non-exempt employees who work a standard 35, 37.5 or 40 hour workweek.

Eligibility: This option applies to full-time administrators and staff, and is most conducive to hourly employees. To be eligible to request a FWA, an employee should have at least one (1) year of full-time service with the University, fully satisfactory performance, a job that can accommodate such a request, and a demonstrated work ethic that can support the FWA.

Trial Period and Periodic Reviews: This FWA is subject to a three-month trial period, during which the effectiveness of the work arrangement will be evaluated. Either the employee or the University can decide to discontinue the work arrangement upon completion of the three-month trial. For ongoing FWA's, a schedule for periodic reviews will be established by the supervisor, but should be conducted at least annually.

Discontinuation: This FWA may be discontinued by the employee or the University at any time if it becomes unfeasible. Reasonable notice of discontinuation, normally two weeks, is recommended.

Benefits: Generally, because a Compressed Workweek arrangement does not alter the total number of hours worked in a day, the employee continues to be eligible for full benefits. However, holiday pay and the accrual rate of paid leave may be affected due to the impact of a non-working day during each week. Employees should contact the Benefits office for specific information regarding their particular work arrangement.



EMPLOYEE & SUPERVISOR TO COMPLETE THIS SECTION



Employee's Name and Title: _____

Department: _____

Recommending Supervisor's Name: _____

Department Head's Name: _____

Work arrangement: _____

Effective Date of the FWA: _____

Ending Date of the FWA (if applicable): _____

HR Services has been notified of the work schedule change: **YES** **NO**
(Submit this form with a PCF to HR Services, who will notify the Benefits and Payroll offices, as necessary)

St. John's University, New York
Agreement for a Flexible Work Arrangement: Flextime

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SUPERVISOR TO COMPLETE THIS SECTION

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Employee meets eligibility criteria (defined above): **YES** **NO**

If no, why should this FWA be considered:

The **Considerations** that are listed for Compressed Workweek in the FWA policy, and any other considerations deemed appropriate, were fully reviewed by the supervisor: **YES** **NO**

The **Expectations** that have been agreed to for this FWA are:

1. Work Schedule:
2. Core hours/peak workloads have been considered: **YES** **NO**
3. Address issue of continuity of work and communication during non-working day:

4. Timing for periodic reviews (applies to ongoing FWA's):

5. Other requirements, expectations, or comments:

This FWA Agreement was agreed to by:

(employee)	Date
(supervisor)	Date
Approved by Department Head	Date

Copies to: Employee Supervisor HR