

FLEXIBLE WORK ARRANGEMENT (FWA)

COMPRESSED WORKWEEK AGREEMENT

Before completing this agreement, make sure all parties read and understand <u>HR policy #115 Flexible</u> <u>Work Arrangements</u> in the Human Resources Policy Manual, and that the work agreement conforms to the University's policy. If any element of this FWA does not comply with the policy, the agreement shall not be valid. This agreement does not alter the at-will employment relationship between the University and its administrative and staff employees. Refer to <u>policy #101</u> in the Human Resources Policy Manual for the University's full statement of Employment at Will.

<u>Definition</u>: 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.

<u>Eligibility</u>: This type of FWA applies only to full-time employees and is most conducive to hourly employees. Employees 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 compressed arrangement.

<u>Trial Period and Periodic Reviews</u>: 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.

<u>Benefits</u>: In general, because a compressed workweek does not alter the number of hours worked in a week, employees continue to receive 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 HR Services for specific information about their work arrangement.

<u>Discontinuation</u>: If the compressed workweek arrangement becomes unfeasible at any time, it may be discontinued at the discretion of either the employee or the University, with reasonable notice thereof. Normally, two weeks notice is recommended.

EMPLOYEE SECTION First Name Last Name Employee's Title St. John's University Email **Employee X-Number** School or Department **SUPERVISOR SECTION** First Name Last Name Supervisor's Email Effective Date: Ending Date (if applicable): SUPERVISOR TO COMPLETE THIS SECTION Employee meets eligibility criteria (defined above): YES NO If no, why should this FWA be considered: The Considerations listed for Reduced Schedule in the FWA policy, and any other considerations deemed

NO

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

appropriate, were fully reviewed by the supervisor: YES

- 1. Work Schedule:
- 2. Core hours/peak workloads have been considered: YES NO
- 3. Any modification to job duties or responsibilities due to reduced schedule:
- 4. Address issue of continuity of work and communication during non-working periods:

5.	Method and timing for performance evaluations:	
6.	Other requirements, expectations, or comments:	
Employee and Supervisor agreed to this FWA:		
Em	oloyee Signature	Date
Sup	ervisor Signature	Date
Department Head approved this FWA:		
De	partment Head Signature	Date

 $Submit\ this\ form\ to\ HR\ Services,\ Karen\ Crowley\ \underline{crowleyk@stjohns.edu}\ and\ Marian\ Saia\ \underline{saiam@stjohns.edu}\$