



ST. JOHN'S UNIVERSITY

HUMAN RESOURCES

FLEXIBLE WORK ARRANGEMENT (FWA)

JOB SHARE AGREEMENT

Before completing this agreement, make sure all parties read and understand [HR policy #115 Flexible Work Arrangements](#) 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 [policy #101](#) in the Human Resources Policy Manual for the University's full statement of Employment at Will.

Definition: A job share arrangement is a form of regular part-time work in which two people share the responsibilities of one regular full-time position. Job share positions are regular part-time positions, and as such must involve at least a 50% commitment from each member.

Eligibility: This type of FWA applies to full-time and part-time administrators and staff. 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 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.

Benefits: Benefits eligibility for employees who participate in job sharing is the same as for regular part-time employees. Specifically, no benefits, other than those required by law, are provided to part-time employees, except eligibility to participate in the retirement plan if the employee works 1000 hours or more in a year. Employees or their supervisor must contact HR Services at least two weeks prior to the effective date of a job share arrangement so that benefit and payroll changes can be initiated.

Discontinuation: If one of the participants in a job share arrangement leaves the position, it may be necessary, if the search for a replacement has failed, for the department head to require that the remaining employee choose between taking on the full-time responsibilities of the position or leaving it. Normally, the employee will be given at least a two-week notice of return to full-time work or termination.

EMPLOYEE 1 SECTION

First Name

Last Name

Title

St. John's University Email

X-Number

School or Department

EMPLOYEE 2 SECTION

First Name

Last Name

Title

St. John's University Email

X-Number

School or Department

SUPERVISOR SECTION

First Name

Last Name

Supervisor's Email

Specific job share agreement

Department Head's Name:

Effective Date of FWA:

Ending Date of FWA (if applicable)

SUPERVISOR TO COMPLETE THIS SECTION

Employees meets eligibility criteria (defined above): YES

NO

If no, why should this FWA be considered:

The Considerations that are listed for Job Share in the FWA policy, and any other considerations deemed appropriate, were fully reviewed by the supervisor: YES

NO

If either employee submitted a written proposal requesting that their full-time job be modified to a job share, please attach such proposal to this form. Was a proposal submitted? YES NO

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

1. Employee 1 work schedule:
2. Employee 2 work schedule:
3. Division of duties (attach job description defining duties for each participant or clearly indicate here):
4. Methods of communication between participants, with supervisor and with department:
5. Method and criteria for performance evaluation:
6. Timing for periodic reviews of the job share arrangement (applies to ongoing FWA's):
7. What is the agreed upon action if one participant leaves the job:
8. Other requirements, expectations, or comments:

Employees and Supervisor agreed to this FWA:

Employee #1 Signature Date

Employee #2 Signature Date

Supervisor Signature Date

Department Head approved this FWA:

Department Head Signature Date

Submit this form to HR Services, Karen Crowley at crowleyk@stjohns.edu and Marian Saia at saiam@stjohns.edu