



ST. JOHN'S UNIVERSITY

HUMAN RESOURCES

FLEXIBLE WORK ARRANGEMENT

REDUCED SCHEDULE 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: In a reduced schedule arrangement, an employee works full-time each week, but for a period less than 12 months a year (but not less than nine months). Typically, these positions extend through the academic year (September through May) in a consecutive nine-month period; however, they may have other beginning and ending dates, depending on the needs of the job, the employee, and the department.

Eligibility: This FWA applies to full-time administrators and staff. To be eligible, 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.

Benefits: Employee continues to be eligible for full health insurance and tuition remission benefits. Salary, paid leave, contributions to a University-sponsored retirement plan, and other benefits become prorated. Employee should contact the Benefits office for specific information about how benefits will be affected.

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.

EMPLOYEE AND SUPERVISOR COMPLETE THIS SECTION

Employee's name and title:

Employee's Xnumber

Employee's email

Recommending supervisor's name:

Department Head:

Work arrangement:

Academic year

Other Reduced Schedule

Effective date of the FWA:

End date of the FWA (if applicable)

SUPERVISOR COMPLETES 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 appropriate, were fully reviewed by the supervisor: Yes

No

The **Expectations** agreed to for this FWA are:

1. Work schedule, provide the specific time commitment during the year.
2. Core hours/peak workloads have been considered: Yes
3. List any modifications 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:

SIGNATURES AND APPROVAL

Employee and supervisor agreed to this FWA:

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

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