Flexible Work Schedule Agreement

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| **PRIVACY NOTICE:** |
| Lethbridge College is collecting this information under the authority of section 33(c) of the Alberta *Freedom of Information and Protection of Privacy (FOIP) Act* and is protected by Part 2 of the FOIP Act. The information on this form will be used to document the terms and conditions of an approved Flexible Work Arrangement and for uses consistent with this purpose. If you have a question about the collection, use, disclosure or protection of this information, please contact the College’s FOIP Coordinator by phone at 403.320.3361, by email: privacy@lethbridgecollege.cam or by mail 3000 College Drive South Lethbridge, AB T1K 1L6 C/O Institutional Compliance. |
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|  |
| **What this form is for:** | This form documents the terms and conditions of an approved flexible work schedule. |
|  |  |
| **Instructions:** | The employee and supervisor complete sections 1-3 together and review the points of the employee declaration and the employee indicates their agreement by initialing each point. Once all sections have been completed the employee, their immediate supervisor and where applicable the approving CLC Member sign the form.  |
|  |  |
| **Retention:** | The original form from is submitted to Human Resources and forms part of the employee’s personnel file. Employees are encouraged to retain a copy of the completed form.  |
|  |  |
|  |

# Employee information

|  |  |
| --- | --- |
| Name |  |
|  |  |
| S number |  |
|  |  |
| Position  |  |
|  |  |
| Department |  |
|  |  |
| Supervisor |  |

# Current Work Hours

|  |
| --- |
| [ ]  7 hours/day [ ]  8 hours/day |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |

# Flexible Work Arrangement Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start date |  | [ ]  No end date | End date |  |  |
|  |  |  |  |  |  |
| Review schedule | [ ]  every 3 months | [ ]  every 6 months | [ ]  annually as part of performance review |
|  |
|  | [ ]  other |  |

[ ]  Flex time schedule

### Standard daily work hours with an alternate start and end time.

|  |
| --- |
| [ ]  7 hours/day [ ]  8 hours/day |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |

## [ ]  Compressed work week

### Employees work the same number of hours in a predetermined cycle with longer daily work hours in exchange for additional time off. (E.g. over a two-week cycle, an employee works an additional 45 minutes each day. At the end of the cycle the employee takes one additional day off.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Hours per day |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  Meal period length |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Week 1 | Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |
| Week 2 | Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |
| Week  | Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |
| Week 4 | Start time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |

Additional schedule details: [ ]  N/A

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# Employee declaration

In consideration of being permitted to participate in a Flexible Work Schedule, I acknowledge and voluntarily agree that:

\_\_\_\_\_ Yes \_\_\_\_\_ No Flexible Work Schedules are voluntary and may be terminated at any time by either party with reasonable notice.

\_\_\_\_\_ Yes \_\_\_\_\_ No Employee status, benefits and leave entitlements, eligibility for authorized overtime and employee salary are not altered by this agreement and will be arranged/dealt with through existing practices/directives.

\_\_\_\_\_ Yes \_\_\_\_\_ No Lethbridge College may modify this agreement temporarily as needed to meet operational requirements (e.g. being required to attend on campus meetings, temporarily working from campus to provide department coverage during staffing shortages or vacation).

**Employee’s acknowledgement**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Manager’s acknowledgement**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |
|  |  |  |
| Signature |  | Date |

**CLC Member acknowledgement**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |
|  |  |  |
| Signature |  | Date |