



Alternative Work Schedule Agreement

The Alternative Work Schedule at University of the Incarnate Word (UIW) is a work schedule where the arrival and departure time differ from the core operating hours. UIW considers an alternative work schedule to be a viable option when both the employee and the job are suited to such an arrangement. Alternative work schedule is not an entitlement, it is not a University-wide benefit, and it in no way changes the terms and conditions of employment with UIW.

This Agreement must be signed and approved by the employee’s manager and/or department head (if applicable), and department vice president. Offering the opportunity of an alternative work schedule is a management option and is not an employee right. An employee’s participation in the alternative work schedule program is entirely voluntary. The employee or supervisor may terminate the alternative work schedule at any time without cause.

I. General Arrangement

1. This is an Agreement between _____ (“the department”) and _____ (“Employee”) to establish the terms and conditions of an alternative work schedule.
2. This Agreement begins on _____ and ends on _____ (not to exceed one year). Thirty (30) days prior to the end of the one year period, or at any time during the alternative work period, both parties will participate in a review, which can result in a new Agreement or termination of the Agreement. UIW may alter this schedule or end the Alternative Work Agreement at any time at its discretion.
3. This Agreement will remain in effect for the time indicated above unless altered or terminated at any time as described in section I. 2 above.
4. The following conditions apply:

- a. Under the terms of this Agreement, you are requesting an alternative work schedule as indicated below:

Day	Start Time	End Time	Location	Hours per day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

- b. Employee agrees to provide regular reports, as required by the supervisor, to help evaluate work performance. Employee understands that a decline in work performance may result in termination of this Agreement.
5. While participating in an alternative schedule, the employee will:
 - a. Develop a work schedule, with the approval of the employee’s manager, and remain accessible during the work schedule;

- b. Check-in with the supervisor to discuss work statuses and open issues;
 - c. Be willing and able to alternate your work hours as requested by the supervisor to attend to operational needs upon reasonable notice;
 - d. Request supervisor approval in advance of working any overtime hours (for non-exempt employees only);
 - e. Take rest and meal breaks in full compliance with all applicable policies and laws, and
 - f. Request supervisor approval to use vacation, sick, or other leave in the same manner as when working during core operating hours.
6. Employee's duties, obligations, responsibilities, and conditions of employment with the University remain unchanged except for those obligations and responsibilities specifically addressed in this Agreement. Job responsibilities, standards of performance, and performance appraisals remain the same as when working core operating hours.
 7. The parties acknowledge that the Agreement may be evaluated on an ongoing basis to ensure that employees' work quality, efficiency, and productivity are not compromised by the alternative work arrangement described herein.
 8. You acknowledge that if your supervisor deems that the alternative work arrangement is not working effectively or as envisioned, management may at any time adjust or end this Agreement. Management will strive to provide at least 24 hours' advance notice of any changes to this Agreement.

I hereby affirm by my signature that I have read and understand the Alternative Work Schedule Agreement and the Telework and Alternative Workplace Policy in the Employee Handbook and agree to adhere to all of their provisions.

Employee Signature	Employee Printed Name	Date
--------------------	-----------------------	------

Approval Signatures:

Supervisor Signature	Supervisor Printed Name	Date
----------------------	-------------------------	------

Department Head Signature (if applicable)	Department Head Printed Name (if applicable)	Date
--	---	------

Vice President Signature	Vice President Printed Name	Date
--------------------------	-----------------------------	------

Human Resources Signature	Human Resources Printed Name	Date
---------------------------	------------------------------	------

Please send this signed Agreement to the Human Resources Office for placement in employee's personnel file. The employee and the supervisor should each keep a copy of this Agreement for future reference.