**HOUSING OPPORTUNITIES COMMISSION**

**WORK SCHEDULE AGREEMENT**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate work schedule information below.

**\_\_\_Full Time Employee**

 \_\_\_Regular Work Schedule

 \_\_\_Monday-Friday, 8:30 a.m. - 5:00 p.m., 1/2 hour lunch

 \_\_\_Monday-Friday, 8:30 a.m. - 5:30 p.m., 1 hour lunch

 *For the following Work Schedules, please enter your work hours in the*

***Work Schedule Hours'*** *chart and check the appropriate line for lunch*

 \_\_\_ Tour of Duty (Complete Week 1 of the Work Schedule Hours) Lunch: \_\_\_\_30 mins \_\_\_1 Hr

 \_\_\_ Flexible Work Schedule (Complete Week 1 of the Work Schedule Hours.) Lunch: \_\_\_\_30 mins \_\_\_1 Hr

 \_\_\_ Compressed Work Schedule (Check Schedule & Complete Weeks 1 & 2 of Work Schedule Hours.) Lunch: \_\_\_\_30 mins \_\_\_1 Hr

 Sch A /1st Monday Off \_\_\_ Sch B/2nd Monday Off \_\_\_ Lunch: \_\_\_\_30mins \_\_\_1 Hr

 Sch C/1st Friday Off \_\_\_ Sch D/2nd Friday Off \_\_\_

*\_\_\_\_* **Part Time Employee**

Please use the Week 1 of the Work Schedule Hours to indicate your work schedule and check the appropriate line for lunch. Lunch: \_\_\_\_30 mins \_\_\_1 Hr

(*Note on Compressed Work Schedules: The 8-hour day opposite your Compressed Day must be 8:00a.m. To 5:00 p.m. with a one-hour lunch.)*

|  |
| --- |
| **WORK SCHEDULE HOURS** |
| (*Note: Under a Compressed Work Schedule, the 8-hour day must be 8:00am to 5:00 p.m.)* |
|  | **WEEK 1** | **WEEK 2****(Compressed Schedules Only)** |
|  | **Start (In)** | **Stop (Out)** | **Start (In)** | **Stop(Out)** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

*Work Schedule Terms*

· I accept responsibility for my attendance and performance under this work schedule.

· I understand that Flexible and Compressed Work Schedules may be discontinued by the supervisor if the performance level of the employee is less than "Fully Successful" or if the employee cannot adhere to the work schedule.

· The employee may discontinue their Flexible or Compressed Work Schedule if circumstances arise which would interfere with the employee's ability to abide by the terms of this agreement.

· The decision of the Division Director to approve, deny or discontinue a Compressed or Flexible Work Schedule is final. If the reason for discontinuance is related to employee work performance, the employee must be given notice and a reasonable opportunity to correct any problems before the decision is final.

· I understand that before a Work Schedule change can be authorized for Payroll, the Human Resources Office must receive a properly completed Work Schedule Agreement with all necessary approvals.

· I have read and fully agree with all of the foregoing.

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Date

Supervisor Recommendation

 [ ] Recommended

 [ ] Not Recommended

If not recommended, please state reason:

SupervisorSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Date

Division Director Decision

 [ ] Approved

 [ ] Not approved

If not approved, please state reason:

Division Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE ORIGINAL COPY OF THIS FORM MUST BE IN THE HUMAN RESOURCES OFFICE

BEFORE A WORK SCHEDULE CHANGE IS AUTHORIZED FOR PAYROLL.