



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov
Inclusion through Diversity

FLEXIBLE WORK SCHEDULE AGREEMENT

(Department Heads: Submit copy to the Department of Human Resources)

Employee Name: _____ Phone (home/work): _____

Department: _____ Position Title: _____

Start Date: _____ End Date: _____

A flexible work schedule arrangement (“alternative work arrangement”) is hereby established between Tompkins County and the above-mentioned employee. The purpose of this agreement is to clarify the terms and conditions under which the employee will be allowed to participate in this work arrangement as described below.

1. Flexible Work Schedule Type:

- Flexible Work Hours Compressed Work Week Reduced Work Hours

2. Flexible Work Schedule:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours | | | | | | | |
| Meal Period* | | | | | | | |

* Must include a ½ hour unpaid meal period for any employee who works a shift of more than 6 hours per NYS Department of Labor.

3. Work Performance Evaluation Schedule: _____

It is expressly understood and agreed that this work arrangement does not create or define the terms of any contract of employment, whether expressed or implied.

Terms of Arrangement: This flexible schedule arrangement shall be evaluated on a monthly basis during the initial six (6) months of the arrangement. Written reviews and evaluations will then occur, at minimum, once per calendar year for the duration of the arrangement, with the exception of reduced work hour arrangements. Reduced work hours must be reviewed and evaluated every 90 days for the duration of the arrangement. Evaluation schedules are at

the discretion of the Department Head or designee. The employee understands that this is a voluntary arrangement and can be terminated at any time by either party.

This agreement is subject to the employee satisfying the following conditions on a continuing basis:

- Employee obligations, duties, responsibilities, and terms and conditions of employment are unchanged.
- The employee shall perform all job duties at a satisfactory performance level or above.
- The employee must comply with all County and departmental policies and procedures while working a flexible schedule.
- The employee will abide by the Flexible Work Schedules policy and all provisions within that policy.
- The employee will maintain the agreed-upon work schedule.
- The employee will participate in routine work performance evaluations as required.
- Any non-compliance with these terms by the employee may result in modification or termination of the telework arrangement at any time.

Hours of Work and Compensation: The employee agrees to be responsible for maintaining the agreed upon hours of work and is required to keep a detailed record of hours worked (as well as verification as applicable), and to enter hours worked into the County timekeeping system as instructed. Employee pay rates and accrual of leave time benefits remain unchanged and in accordance with the terms of this agreement the employee will be compensated for all hours during which work is performed. Employees must get advance authorization for any hours worked outside of or beyond their normal work schedule. Employees are required to take rest and meal breaks per NYS Labor Laws and applicable collective bargaining agreements.

Agreement Acknowledgment: I have read and understand this agreement and all its provisions. Furthermore, I have read and understand *Tompkins County Administrative Policy 03-22: Flexible Work Schedules*. By signing below, I agree to be bound by all terms and conditions within this agreement and the County policy. I understand it is my responsibility to make the flexible work schedule arrangement a success. And that failure to adhere to the provisions set forth may have adverse effects on my employment, and may result in disciplinary action, including but not limited to immediate termination of the opportunity to participate in the flexible work schedule arrangement.

Employee Signature: _____ Date: _____

Department
Head/Supervisor
Signature: _____ Date: _____

| | |
|-------------------------------------|--------------------|
| For Human Resources Use Only | |
| Date Received: _____ | Received by: _____ |