

**WESLEYAN UNIVERSITY
ALTERNATE WORK SCHEDULE AGREEMENT**

To: (supervisor name)

From: (employee name)

Date:

Subject: Alternate Work Schedule

I would like to request the following alternate work schedule effective _____(enter date).

<u>WEEK</u>	<u>In Office Hours</u>	<u>Lunch</u> (30 minute minimum)
Mondays	_____	_____
Tuesdays	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

By making this request I understand the following conditions apply:

My annual base salary will not change as a result of this schedule change. In addition my salary will remain subject to merit increases consistent with university guidelines.

I continue to be subject to the conditions of all university policies and procedures not specifically addressed in this document.

This alternate work schedule will continually be evaluated to determine whether it can be continued. This arrangement will remain in effect for as long as, in the opinion of my supervisor, university conditions and department needs allow and that my overall job performance remains at a satisfactory level. If university management determines the alternate work schedule is not successful, I understand that I may need to rearrange my schedule. I agree that if I am unable or unwilling to work within the new schedule, as required, I will voluntarily terminate my employment. I will be provided with 30-day written notice as to changes to the terms of this arrangement unless waived by mutual agreement.

The signatures below indicate that all have read and understand this agreement and have had the opportunity to get answers to all questions and are signing voluntarily. As a university employee I understand further that this does not constitute an employment contract between me and the university, and that the university may establish different work schedules and work hours at their discretion. This agreement does not create an express or implied contract or promise of employment for a definite term. Like all university employees, I am employed “at will” and as such may be terminated at any time and for any reason, with or without notice.

Additionally, by signing this agreement which outlines expectations regarding the change to my current schedule from traditional full-time to an alternate work schedule, I hereby acknowledge that I would not become eligible for benefits under the Wesleyan University Severance Plan should I be required to a return to a traditional full-schedule and be unable to do so.

I understand and agree to the terms and conditions stated above:

Read and Agreed:

Employee Signature

Date

Supervisor Signature

Date

Cabinet Member Signature

Date

RETURN SIGNED COPY TO HUMAN RESOURCES