

**FLEXTIME AGREEMENT
FOR NON-EXEMPT EMPLOYEES**

Employee Name: _____

Department: _____

Flexitime is a mutual work agreement between supervisor, employee, and Human Resources which allows for some component of the employee's work to be performed at flexible hours/ days other than the standard work hours and/or workweek, as defined by Truman. Flexitime is supported by the University, provided the missions of both the department granting flexitime and the University are uncompromised and fully met.

The following constitutes the terms and conditions of flexitime which the employee must follow:

Current Work Schedule

Proposed Flexitime Schedule

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Schedule Review

The employee and supervisor will reconvene after a set amount of time (agreed on by both parties on the line below) to review work progress and effectiveness of the flexitime schedule.

Designated time at which to review flexitime arrangement _____

Rate of Pay and Benefits

The rate of pay and benefits will remain the same as if the employee were working a standard schedule/workweek.

Overtime

An employee on flexitime cannot accrue overtime or comp time without the supervisor's permission.

Workers' Compensation

The flextime employee is covered by Workers' Compensation only if the injury is sustained in the course and scope of employment while on a flextime schedule.

Termination of Flextime

The supervisor or employee may terminate this arrangement at any time with two weeks' notice. Both parties are strongly urged to discuss the reasons for termination of flextime.

By signing this document, both employee and supervisor agree to the above listed Proposed Flextime Schedule and to the terms outlined in the Flextime Policy for Non-Exempt Employees.

Employee Signature

Date

Supervisor Signature

Date

Signed copy must be submitted to Human Resources

For Human Resources Office Use:

Reviewed by HR _____ ELT Member Approval (if needed) _____