

ALTERNATE WORK SCHEDULE POLICY

The standard work week for full-time employees is from 8:30 a.m. to 5:00 p.m. with a one-hour lunch break, Monday through Friday. The flexible work schedule allows employees to adjust their work schedules providing the following conditions are met:

1. All flexible work schedules must be approved in writing by the employee's immediate supervisor and departmental Vice President.
2. Full-time employees must work a total of 37 ½ hours per week or 75 hours in a two-week period.
3. Flexible work schedules will be implemented on a trial basis with a time schedule for evaluation points determined by the supervisor.
4. The employee and the department must maintain or increase their level of productivity.
5. Schedules must be predetermined, and the employee may not work a random variation of hours to accomplish a 37 ½ hour week.
6. Schedules must include at least a half hour break for each workday consisting of five hours or more.
7. Employees are required to attend any meetings their position would normally require.
8. With their supervisor's approval, employees are required to make the necessary adjustments in their schedule to allow their working when events or deadlines dictate.
9. The schedule must allow the employee to make arrangements for adequate coverage for telephones and services required by the department.
10. Employees regularly update their voice mail greetings and place notices on their office doors to keep co-workers and "customers" well informed of their schedules and to direct callers to another person in their absence.
11. Implementation of a flexible schedule does not add expense to the Seminary (i.e., require temporary staffing or overtime).
12. Approval for flexible work schedule may be withdrawn if in the judgment of the supervisor the schedule has led to diminished work quality or quantity, has hindered the normal flow of work of the department, or has been abused by the employee.
13. Work schedules may be changed by the employee with supervisor approval provided reasonable notice as agreed upon by the employee and the supervisor is given.

PROCEDURE

1. Employees may request a flexible work schedule by submitting to their supervisor an Alternative Work Arrangement Request Form.
2. The Alternative Work Arrangement Request Form signed by the employee, the supervisor and the departmental vice president will be filed in the employee's personnel file.
3. Employees working on flexible work schedules will keep a daily record of their arrival and departure times, agreed upon in advance, with their regular time sheet.

BENEFITS AND COMPENSATION

1. Employees working full-time hours while on a flexible schedule will earn the same rate of pay and are eligible for the same benefits as those working full-time on a traditional schedule. Overtime eligibility is on the same basis as for employees working on traditional schedules.
2. Holidays, vacation and personal days will be paid at 7.5 hours.

FLEX-TIME

Flex-time is a work that permits flexibility in starting and quitting times without changing the required number of hours in a given period (i.e. a week).

ALTERNATE WORK ARRANGEMENT REQUEST

Employee: _____ Date: _____

Title: _____

Alternative Work Arrangement Requested:

Day of the Week	Start Hour	Lunch Break	End Hour
Monday	_____	_____ to _____	_____
Tuesday	_____	_____ to _____	_____
Wednesday	_____	_____ to _____	_____
Thursday	_____	_____ to _____	_____
Friday	_____	_____ to _____	_____
Saturday	_____	_____ to _____	_____
Sunday	_____	_____ to _____	_____
Total Hours	_____		

Describe how your new schedule would maintain or increase the ability of your department to accomplish its goals.

Describe how your new schedule would maintain or increase your ability to accomplish your work goals.

List any problems this arrangement may cause for those of whom you provide service and your co-workers.

How would you suggest dealing with the problems you identified above?

What criteria should be used to measure the success of the arrangement?

What is the schedule you suggest to meet with your supervisor to review how the criteria are being met?

List other issues or benefits you would like your manager to consider when evaluating your request.

Evaluation of Request: _____ Approval _____ Denial

If you declined this request, please describe why. What other solution would you consider?

Supervisor's Signature _____ Date _____

Effective Date of Alternate Work Arrangement: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Vice President Signature _____ Date _____