Purpose

The purpose of this policy is to define the use of a flexible work schedule consistent with the University’s efforts in promoting work/life balance for employees.

Policy

The University System of Georgia and Georgia Southern University allow Flexible Work Arrangements - flextime and compressed work schedules to assist employees in their personal planning, departmental business needs and to maintain productivity. Flextime may occur up to two (2) hours before and two (2) hours after the employee’s regular schedule. Flexible schedules must be approved by the supervisor and department head, planned in accordance with the work functions and service objectives of the department and University operations. Flexible Work Arrangements may not be suitable for all employees and/or positions.

The department must establish a core period of time when all employees are in attendance. The pre-approved flexible work schedule agreement may be terminated at any time based on business necessity.

Definitions

Eligible Employees: An employee who has been identified by the employee’s supervisor as satisfactorily meeting performance standards, terms, and conditions of employment of their position. The employee shall have no active formal disciplinary actions on file for the current or immediately preceding review period.

Eligible Positions: A position having measurable quantitative or qualitative results-oriented standards of performance that is structured to be performed during a work period that may vary from the core work hours established for a department.

Flextime: A work period that may vary from the core work hours established for a department. Work schedule will include the core hours established by the University, with the start and end times varying to ensure a forty (40) hour work week for a non-exempt position and similar work hours for an exempt employee.

Compressed Workweek: A compressed work week (CWW) arrangement is a mutual work agreement between a supervisor and a staff member that allows for a work schedule in which the employee works more than eight (8) hours per day and less than five (5) full days per week.
**Flextime or Compressed Workweek Agreement:** The agreement documents the agreed-upon request/arrangement for a flexible work arrangement.

**Procedure for Compressed Work Schedules:**

A Compressed Work Week (CWW) is designed to accommodate employee needs for flexibility in their work schedules (work/life balance), while meeting the operational needs of the University. A compressed work week (CWW) arrangement is a mutual agreement between a supervisor and a staff member allowing the employee to work more than eight (8) hours per day and less than five (5) full days per week. CWW arrangements are supported by Georgia Southern University provided the arrangement continues to support the missions of both the University and the department/office/service area.

In a compressed work schedule, employees work a full-time schedule in fewer days, by working more hours a day. The day-off can be the same for all employees, vary or rotate regularly - but departments should choose to assign days off to ensure adequate coverage. The most common compressed schedules are:

- "4/40" - A 40-hour week consisting of four 10-hour days and one day off a week.
- A compressed work week may also require an employee to work four 9-hour days and four hours on a half day during the week.
- "9/80" - 80 hours worked over two weeks, consisting of eight 9-hour days, one 8-hour day and one day off.

**Recommended Guidelines:**

- All work schedules must support the mission, function, goals, and objectives of the operational unit.
- Supervisors determine employee eligibility to participate in a CWW.
- Salaries and benefits do not change when an employee participates in a CWW, unless a non-exempt employee falls below the traditional 40-hour workweek.
- All regular full-time employees receive eight (8) hours on scheduled holidays and not their previously approved compressed work-day hours.
- Regular part-time employees receive benefits based upon their percentage of effort according to the relevant University policy.
- If an employee is sick on one of their CWW days, e.g., four 10-hour days, the employee will be required to request 10-hours of sick leave through eTime.
Work-week schedule change options when a holiday or administrative closing falls during a work week:

**Option 1:** In work weeks in which scheduled administrative closings and/or holidays occur, employees on CWW schedules may return to the university’s standard work week of five, eight-hour days. If business necessity requires an exception, human resources must be contacted.

**Example:** An employee works Monday through Thursday, four 10-hour days on a CWW schedule. The week of Thanksgiving, the employee will work eight hours on Monday, Tuesday, and Wednesday and will receive eight hours for the holiday on Thursday and eight hours for the administrative closing on Friday, for a total of 40 hours.

**Option 2:** If an employee wishes to maintain their CWW 10-hour day, they will still only receive eight (8) hours of holiday pay and would have to submit two (2) hours of vacation leave if they wish to be paid for 40 hours.

Requests to establish a CWW or to amend an existing CWW for a department or operational unit are prepared in writing by the supervisor. If any modifications are required, HR will assist with these. When the CWW is in compliance, the proposal will be submitted to the unit/division head for review and approval. If approved, both the department and Human Resources will maintain a copy of the approved plan. After this approval, the Director, Department Chair, or other management personnel authorized by Georgia Southern will approve individual employee CWW agreements according to the approved CWW plan for that department or operational unit.

**Procedure for Flextime:**

Flextime may not be suitable /possible for all employees and/or positions. Departments may implement flextime as a work option for specific eligible employees based on specific criteria and procedures consistently applied throughout the department. Departments will be responsible for designating the positions which will be authorized to approve flextime arrangements. Directors, Department Chairs, or other management personnel authorized by Georgia Southern to approve flextime shall hereinafter be referred to as the Flextime Manager for the purposes of this policy.

**Provisions Specific to Flextime**

Flextime Managers who choose to consider flextime for employees shall be responsible for the following:

- Establishing expectations for and monitoring employee performance;
- Identifying eligible positions suitable for flextime;
- Identifying eligible employees (see “Employee Participation”);
• Ensuring that each employee’s request for flextime is considered in relation to the department’s operating and customer needs; and
• Requiring a completed and signed Flextime Agreement.
• Ensuring that flextime may only occur up to two (2) hours before and two (2) hours after the employee’s regular schedule.

**Employee Participation in Program**

Offering the opportunity to work a flextime schedule is a management option and is not an employee right. An employee’s participation in the flextime program is entirely voluntary. The employee, supervisor, or manager may terminate flextime without cause or at any time throughout the year. Flextime is a work arrangement between an individual employee and his/her supervisor. Based on business necessity, a supervisor may require an employee to work flextime assuming the supervisor has given the employee ample time to change work/life concerns.

**Flexible Work Arrangement Request Agreement**

The Flexible Work Arrangement Request agreement must be signed by both parties prior to the start of flextime or the Compressed Work Week, agreeing that both parties will abide by the terms and conditions of a flexible work arrangement. The agreement must be reviewed and renewed at least annually to ensure that the guidelines for participating in the program indicate continued eligibility and are well understood. A supervisor may elect to revise the agreement when a need arises. In addition, the agreement should be reviewed and revised if necessary when there is a change in supervisor, job responsibilities, or change in work circumstances or performance.
Flexible Work Arrangement Request/Decision Form

A copy of this form should be placed in the employee's personnel file. In addition, forward the form to the Department of Human Resources

Part 1: To be completed by the employee

This form has been developed to make the process of preparing and presenting a request for a flexible work arrangement more efficient. Complete this form and submit it to your supervisor. Employees may submit a brief supplemental written proposal as well, but this is not necessary.

Date Submitted: ________________________________

Name: ______________________________________ Title: ________________________________

Department: ________________________________ Supervisor: ____________________________

☐ Exempt Employee (monthly paid)
☐ Non-Exempt Employee (bi-weekly paid)

Type of Flexible Work Arrangement Requested

☐ Compressed Work Week Schedule (CWW)
☐ Flexible Work Schedule (Flex Time)
☐ Alternative Worksite (Flex Place)
☐ Other

Describe the schedule/hours you propose to work:

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<th>Lunch Period</th>
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Total Weekly Hours ________
In addition to thoroughly reviewing the considerations listed on your chosen option, be sure to consider the following:

- Impact on your peers and your relationships with them
- Communication with your supervisor and team
- Impact on your paid time off (annual leave, holidays and sick leave)

**Work Performance**

Employee agrees to provide regular reports, as required by the supervisor, to help evaluate quantity and quality of work performance. Employee understands that a decline in work performance may result in termination of this agreement.

1. Describe how your request for a flexible work arrangement will sustain or enhance your ability to meet service standards:

   

2. Describe the anticipated benefits to the department that might result from this flexible work arrangement:

   

3. If applicable, describe any additional equipment / expense that your flexible work arrangement might require:

   

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4. What review process with your supervisor do you propose for constructive monitoring of your flexible work schedule?

5. What potential gaps could your flexible schedule raise with external customers, internal customers, co-workers, your supervisor and others? How will these situations be handled?

Part II- To be completed by Dean, Director, or Department Chair:

☐ Flexible work arrangement approved.

☐ Flexible work arrangement approved with modifications.

☐ Flexible work arrangement denied/terminated.

If you modified / declined this request, please describe why:
Trial Period Effective Dates (if applicable and not to exceed one year, subject to annual review)

Beginning Date: ________________________________  Ending Date: ________________________________

Supervisor’s Signature: ________________________________  Date: ________________________________

Employee’s Signature: ________________________________  Date: ________________________________

Provisions for Cancellation of Agreement

Employee’s participation in the Flexible Work Arrangement is voluntary and is available only as long as the employee is deemed eligible. A Flexible Work Arrangement is not an entitlement or benefit of employment. Either party may cancel the employee’s voluntary participation, with or without cause, upon reasonable notice thereof, in writing, to the other. This agreement is not a contract of employment and may not be construed as one.

FLEXIBLE WORK SCHEDULE ARRANGEMENT AGREEMENT

I have read and understand this Agreement and the guidelines and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to accommodate regulate my workweek and that it does not constitute an employment contract or an amendment to any existing contract and may be cancelled at anytime.

____________________________________________________________
Employee

______________________________________________________________
Employee Date

______________________________________________________________

Supervisor ‘s Name (Please Print)

______________________________________________________________
Supervisor ‘s Signature

______________________________________________________________
Supervisor ‘s Signature Date