## Flexible Work Schedule Guidelines

Converse University allows employees to be flexible with their work schedules, when possible, in order to respond to work-life needs. Full-time, part-time and temporary employees are eligible to request a flexible work schedule by completing the attached request form. The following guidelines should be followed:

- The employee's supervisor must recommend approval of the flexible work schedule. Final approval of participation must be given by the Vice President/Dean and may not be appealed. All approved and denied requests must be sent to HR and be retained in employee's personnel file.
- The University's core business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Appropriate coverage and all regular departmental functions must be maintained during these core hours. An exception are the summer hours posted on Converse's Holiday Schedule.
- A compressed workweek is defined as working four workdays instead of the normally scheduled five workdays while continuing to work either 37.5 or 40 hours per week.
- A variable work schedule is defined as working five workdays during the normal workweek but with work hours other than 8:30 a.m. to 5:00 p.m.
- A non-exempt employee may not exceed 40 work hours per workweek without receiving overtime and all work hours must be recorded in isolved.
- Meal periods of at least 30 minutes in length should not be recorded as time worked.
- Break periods may not be used to shorten work hours or the workweek.
- When a compressed workweek is used, department supervisors must ensure different days ofthe week are chosen to evenly distribute the work coverage.
- An individual's approval to work a flexible work schedule may be altered or rescinded temporarily or permanently at the discretion of the supervisor, dean, director, or vice president.
- An employee may not change his or her flexible schedule without approval.
- An employee taking leave must take the amount of leave consistent with his or her approved flexible schedule.
- An employee's pay will not be affected as long as the employee maintains his or her approved flexible schedule.


## To Be Completed by Employee

| Name (Last, First, Middle): | Department: |  |
| :---: | :---: | :---: |
| Duration of Flexible Work Schedule Request: Beginning: Through (If Temporary Arrangement): |  |  |
| This Request Is for:Variable Schedule: Alternative hours to the standard workday schedule of 8:30 a.m. to 5:00 p.m., Monday-Friday. Please indicate your requested work hours:Compressed Workweek: Compressing the standard workweek by working 9.5 to 10 hours per day, four days per week. Please provide details of your request, including the number of hours to be worked per day and the proposed schedule, including meal breaks. Please attach an additional page if necessary. |  |  |
| Employee Signature |  |  |
| In making this request, I understand that any flexible schedule approved may be altered or rescinded at any time. |  |  |
| Employee Signature: Date: |  |  |
| Supervisor Signature |  |  |
| Recommend Disapproval |  |  |
| Comment: |  |  |
| Supervisor Signature: |  | Date: |
| Vice President/Dean Signature |  |  |
|  |  |  |
| Comment: |  |  |
| Vice President/Dean Signature: |  | Date: |

Send copies of all approved and denied requests to the Office of Human Resources to be retained in the department's files.

