

Alternative Work Agreement (AWA) | Flex Time / Compressed Work Schedule

Flex Time allows eligible employees to work hours that may differ from others in the unit or School. The staff member should work with their manager to determine the workday starting and ending times and ensure sufficient work unit or team coverage. Flextime requires that an employee work the core hours identified by the department. For non-exempt employees, it must include a bona fide meal period and cannot exceed 40 hours for any workweek (without prior approval), even if the other week of the pay period has fewer hours. Completion of this form and required approvals are required before the AWA start date when the flex time requested deviates from the standard 8:00 am – 5:00 pm core work schedule for a significant amount of time. Significant deviations are defined as falling outside the established core hours for more than 4 hours in a workday.

Compressed Work Schedule allows eligible employees to work a full week's schedule in less than five working days. The most common example is an employee working four 10-hour days in a workweek and not working on the fifth day. Completion of this form and required approvals are required before the AWA start date for All Compressed Works Schedule requests.

Instructions for Employees: Please submit this completed form to your HCM Specialist. There are additional approvals needed. Your HCM Specialist will inform you when the request is complete.

Employee flex/compressed work information

Employee Name:	
Job Title:	
Department / Work Unit:	
Manager:	
Alternative Work Arrangement (select one):	<input type="checkbox"/> Flex Time <input type="checkbox"/> Compressed work schedule
Effective dates:	Start date End date, if applicable

At minimum, the agreement should be assessed at 6-month intervals to ensure that the individual's quality of work, efficiency, and productivity are not compromised by the alternative work arrangement.

Temporary or ad-hoc modifications to this agreement should be discussed between the employee and manager. Long-term or substantive modifications required that a new AWA agreement be submitted and are subject to required approvals.

Specify a date to meet and discuss the effectiveness of the AWA.

AWA agreement review date:	
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Work schedule

Day of Week	Work Schedule	Work Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total hours		

AWA work expectations

The general expectation for an AWA is that the employee will effectively accomplish all of their regular job duties, regardless of the work schedule.

AWA Policy/Procedure	Employee initials
<ul style="list-style-type: none"> • Employees will be available and responsive during the work schedule specified above. • Expectations for timely completion of work and other performance criteria are the same for employees with AWA and employees with a normal work schedule. Business or work units are expected to apply the same performance standards to staff members regardless of work schedule. • Employees agree to work during their work schedule specified above unless they have received prior approval to temporarily change the schedule. • Employees are willing to adjust their work schedule as needed, for example, being present on campus at the office/department, when necessary, to attend meetings, training sessions, or similar events or occurrences. 	

Specific expectations for this AWA should be summarized in the table below. Additional rows may be added as needed.

Expectations	Manager's comments and expectations	Employee's comments and expectations
Communication with team members, internal stakeholders, external contacts, etc.		
Events or activities which require in-person attendance.		
Other (Specify)		

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Policies and procedure acknowledgement

Policy/Procedure	Employee initials
I have read Alternative Workplace Arrangements Toolkit & Guidelines for Success and the VBS Alternative Work Arrangement Policy and I understand that Violation of this policy may result in disciplinary action, up to and including termination of employment.	
I understand that I am required to comply with are required to comply with Vanderbilt's Hours of Work policy.	

This AWA agreement is not a contract of employment, does not provide any contractual rights to continued employment. The AWA agreement may be terminated by the department/unit of Vanderbilt School of Medicine Basic Sciences at any time with 10 business days' notice, unless it is for alleged misconduct or an emergency, in which case, it may be terminated immediately.

Employee signature: _____ date: _____

This section to be completed by the supervisor:

Policy/Procedure	Supervisor initials
<ul style="list-style-type: none"> • I have read Alternative Workplace Arrangements Toolkit & Guidelines for Success and the VBS Alternative Work Arrangement Policy • I have reviewed the VBS Guidelines for Approval of Alternative Work Arrangements (AWAs). 	

Supervisor Name: _____

Approved

Not Approved

Comments (if request is not approved, please explain reason(s) for denial)

Supervisor signature: _____

date: _____