

## FLEXIBLE WORK SCHEDULE AGREEMENT TEMPLATE



This flexible work arrangement agreement is established between Accomack County and \_\_\_\_\_ (Employee Name).

This agreement shall become effective as of \_\_\_\_\_ and shall remain in effect until \_\_\_\_\_ unless modified or terminated by Accomack County, the employee, or the supervisor or successor to the supervisor of the employee. In the event that either the County or the employee needs to terminate the agreement that party shall provide the other party with \_\_\_\_ weeks written notice. However, in the event of a workplace emergency, the agreement may be suspended immediately and indefinitely. This agreement may be reviewed at any time if requested by either party.

This agreement is subject to the employee satisfying the following conditions on a continuing basis:

The employee shall perform all job duties at a satisfactory performance level.

The employee's work schedule does not interfere with normal interactions with his/her supervisor, co-workers, or customers.

The employee's schedule does not adversely affect the ability of other County employees to perform their jobs.

The employee assures his/her accessibility to co-workers who maintain the County's regular working schedule.

The employee's paid leave will be earned and used in the same manner as prior to this flexible work arrangement agreement and be subject to all other applicable County leave policies

The employee maintains this agreed-upon work schedule.

All of the employee's obligations and responsibilities, and terms and conditions of employment with the County remain unchanged, except those specifically changed by this agreement. Any non-compliance with this agreement by the employee may result in modification or termination of the flexible work arrangement established by this agreement. Such modification or termination will require two weeks' notice to the employee.

Flexible Work Schedule: \_\_\_\_\_

I have read and understand this agreement and all its provisions. By signing below, I agree to be bound by its terms and conditions.

\_\_\_\_\_

Employee Signature

Date

Approved by: \_\_\_\_\_

*Name of Supervisor*

Date

Date for Review/Renewal: \_\_\_\_\_