

COMPRESSED WORK SCHEDULE AGREEMENT (EMPLOYEE)

This Agreement, effective _____, is between _____ an employee (referred to as "Employee") and _____ (referred to as "Employer").

The parties, intending to be legally bound, agree as follows:

Scope of Agreement - Employee agrees to perform services for Employer as "compressed worker." Employee agrees that a compressed work schedule is voluntary and may be terminated at any time, by either the Employee or Employer, with or without cause.

Term of Agreement - This Agreement shall become effective as of the date written above, and shall remain in full force and effect, as long as Employee works a compressed schedule, unless the agreement is terminated.

Termination of Agreement - Employee's participation as a compressed worker is entirely voluntary. Compressed schedules are available only to eligible employees, at Employer's sole discretion. Compressed work is not intended to be available to the entire organization. As such, no employee is entitled to, or guaranteed the opportunity to, work a compressed schedule. Either party may terminate Employee's participation in the program, with or without cause, upon reasonable notice, in writing, to the other party. Employer will not be held responsible for costs, damages or losses resulting from cessation of participation in the compressed work schedule program. This Agreement is not a contract of employment and may not be construed as such.

Salary, Job Responsibilities, Benefits - Salary, job responsibilities, and benefits will not change because of involvement in the program, and Employee will be entitled to any company-wide benefits changes that may be implemented. Employee agrees to comply with all existing job requirements as now are in effect in the office.

Work hours, Overtime, Vacation - Work hours will change based on the approved compressed work schedule, but the compressed worker will maintain an 80-hour biweekly pay period. In the event that overtime is anticipated, this must be discussed and approved in advance with the manager, just as any overtime scheduling would normally have to be approved. Vacation requested will reflect a deduction of PTO hours based on the amount of time that would have been worked that day.

Evaluation - Employee agrees to participate in all studies, inquiries, reports and analyses relating to this program. This information is necessary for the EMPLOYER to measure the environmental benefit of the compressed work schedule program. Employee remains obligated to comply with all of Employer's rules, practices, instructions and this Agreement. Employee understands that violation of any of the above may result in preclusion from working a compressed schedule.

I have read and understand this agreement and accept its conditions.

Employee: _____ Date: _____

Supervisor : _____ Date: _____