



CITY OF MADISON, WISCONSIN

Alternative/Flexible Schedule Agreement Form

INSTRUCTIONS

1. Details of any Alternative/Flexible Schedule arrangement must be attached to this document.
2. The employee and the Department Head should retain a copy of this agreement and any attachments.
3. The Department Head, or designee, must file any denied agreements with the Human Resources Department.
4. The Supervisor will review the alternative/flexible schedule arrangement with the employee every 90 days for the first year of the agreement to evaluate the effectiveness of the schedule and make modifications where necessary, thereafter such review shall be conducted at a minimum annually. This is noted below.

EMPLOYEE INFORMATION			
Employee Name:		Request Date:	
Position Title:		Agency/Department:	
Department Head:		Work Group:	
Supervisor:		Review Period:	

I. ALTERNATIVE / FLEXIBLE SCHEDULE INFORMATION

This agreement is for _____ alternative flex schedule arrangement.

If this is a short term flexible schedule this schedule will run from _____ to _____.

If all or part of the work is performed at home or in another location, a telework agreement form must be approved and attached to this agreement.

Scheduled Workdays	Current Work Hours	Proposed New Hours
Monday		
Tuesday		

Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

II. ALTERNATIVE / FLEXIBLE SCHEDULE WORK PLAN

Under this schedule, the employee will continue to perform all job tasks according to their position unless described otherwise in the box below and agreed upon by the employee and supervisor. Include here any agency specific directions such as expectations during normal business hours, establish core agency hours for meetings, use of shared calendars, or standards for clear notations on employee’s calendar of scheduled hours.

III. ADDITIONAL INFORMATION

Describe other terms or conditions of this agreement. This can include terms of why the employee needs this schedule (e.g., employee needs to be able to alternate/flex their schedule to take care of family, etc.), or additional ad hoc information.

IV: EMPLOYEE ACKNOWLEDGEMENTS

- I have read and will follow:
 - [Alternative and Flexible Work Schedules Policy](#)
- I understand and agree that no employee is guaranteed the ability to alternate or flex their work hours.
- I understand that my department may have additional alternate/flexible schedule requirements, guidelines, or procedures, provided that they are consistent with

the intent of this program and I have been given the information on these procedures.

- I understand my request for alternative/flexible schedule to meet specific needs (i.e., family care, schooling, etc.), and expect to waive/forfeit my rights to wage premiums or overtime derived from this request.
- I understand and agree that I must come into the office on my regularly scheduled alternative/flexible work days and may have to come in on other days or times when my department requires me to do so in accordance with section II. Agreement Options.
- I understand that my alternative/flexible schedule agreement can be ended or modified in accordance with the Alternative/Flexible Schedule Policy at any time.
- I acknowledge that I must be reachable by my City email, City work phone number and/or City’s messaging system.
- I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this alternative/flexible schedule agreement and APM.

Employee Name (printed)

Employee Name (signed)

Date

V: SUPERVISOR ACKNOWLEDGEMENTS, REVIEW, AND APPROVAL

- I have read and will follow:
 - [Alternative and Flexible Work Schedules Policy](#)
- I acknowledge that I have given the employee the appropriate department specific alternative/flexible schedule guidelines. The guidelines are attached to this agreement.
- I have reviewed the current employee handbook or contract and/or consulted with Human Resources, as needed for clarification.
- I acknowledge that I will evaluate this agreement every 90 days for the first year, or at the end of a temporary arrangement; and then annually thereafter with the employee for continued flexible scheduling arrangements.
- I agree to evaluate any flexible scheduling arrangements during the employee’s annual check in process, and shall address any concerns immediately as they arise.

Budgetary Implications:

Approval:

- I have reviewed, support and approve this alternative/flexible schedule agreement.
- I have reviewed and reject this alternative/flexible schedule agreement.
 - If rejected, state why: _____

Supervisor Name (printed)

Supervisor Name (signed)

Date

VI: DEPARTMENT HEAD ACKNOWLEDGEMENTS, REVIEW, AND APPROVAL

- I will support the employee and supervisor throughout this alternative/flexible scheduling agreement.
- I have read and understand the budgetary implications of this request as noted above by the Supervisor.

Approval:

- I have reviewed, support and approve this alternative/flexible schedule agreement.
- I have reviewed and reject this alternative/flexible schedule agreement.
 - If rejected, state why: _____
 - All rejections will be forwarded to the HR Director for review and tracking.

Department Head Name (printed)

Department Head Name (signed)

Date

The effective date of this agreement commences upon final signature of the Department/Division Head.