Compressed Workweek/Telework Agreement

Employee Information			
Employee First Name (print clearly)		**Employee Last Name (print clearly)**	
Colleague ID#		**Position Title**	
Department		**Campus**	

Type of Alternate Arrangement Requested (select all that apply, and complete corresponding requests below)	
☐ **I.**	Compressed Work Week (4/40) (trial period required)
☐ **II.**	Regular Telework (trial period required)
☐ **III.**	Occasional Telework (no trial period required)

Section I Compressed workweek:

Compressed work week schedule requested:

Day of the Week	Start Time	Length of Meal Period	End Time	Hours Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total:				

Describe how you will be able to continue, or enhance, your ability to meet the responsibilities of the position you hold:

Section I Compressed Workweek

Conditions of the Compressed Work Week Arrangement:

- The arrangement will begin with a three-month trial period and may be discontinued after that trial period at any time at the discretion of the supervisor if the arrangement does not meet the operational needs of the department and/or the employee fails to meet the responsibilities and expectations of the work arrangement.
- At the conclusion of the trial period the employee and the supervisor will discuss the arrangement and determine whether to continue, alter or terminate the arrangement.
- Employees granted compressed work week arrangements must adhere to the approved schedule; no changes will be allowed without advance approval by the supervisor.
- Employees granted compressed work week arrangements must meet expected performance, conduct and attendance expectations.
- Employees granted compressed work week arrangements must limit additional days away from work by scheduling preventative appointments (doctor, dentist, child's school etc.) on the employee's scheduled day off.
- If an employee requests to return to a standard work week schedule after the trial period, the supervisor may grant the request at his or her discretion.
- If an employee fails to meet performance, attendance, and conduct expectations during the trial period or following the trial period, he or she may be subject to return to a standard work week and corrective action.
- From time to time, the supervisor may need to adjust the alternate work schedule. The supervisor should provide the employee with reasonable notice of change whenever possible.
- Amarillo College paid and unpaid leave policies will apply to employees working under a compress work week agreement.

Section I Compressed Workweek

Leave and Pay Issues Specific to Compressed Work Week (4/40):

- Employees on compressed work week schedule who are unable to work due to illness must use sick leave in accordance with College policy, for the number of hours the employee was scheduled to work (usually 10) on the day(s) missed.
- Employees on compressed work week schedule who wish to use vacation leave must request time off in accordance with College and departmental policy. Employees will be charged for vacation time equal to the number of hours the employee was scheduled to work (usually 10) on the day(s) missed.
- Non-exempt employees are eligible for a maximum of eight (8) hours of holiday pay per holiday. If the holiday falls on a day the employee is not normally scheduled to work, the employee will earn 8 hours of holiday pay on the holiday. The employee may adjust his/her work time for the remaining days of the week to achieve forty (40) hours. If the holiday falls on an employee's normally scheduled work day, the employee earns eight (8) hours of holiday pay for the holiday. The employee may work additional hours sometime during the week or may use vacation time for the two (2) additional hours needed to get to ten (10) hours for the holiday and forty (40) hours for the week. See the AC Flexible and Alternate Work Arrangements Frequently Asked Questions for more information.
- Exempt employees who are not normally scheduled to work on the day on which a holiday falls should not take another day off that week unless he or she uses vacation time. If the holiday falls on the exempt employee's normal scheduled day, he or she will have the holiday off in addition to his or her normal scheduled day off. See the AC Flexible and Alternate Work Arrangements Frequently Asked Questions for more information.

Note: This procedure may not applicable for individual employees in certain student-facing service departments, which due to the nature of the services they offer, will require variations of compressed workweeks or flexible work in order to provide services on evenings and weekends.

Section I Compressed Workweek

I have read and understand the conditions of the COMPRESSED WORKWEEK arrangement:	
Employee Signature	
Date Signed	

COMPRESSED WORKWEEK / To be completed by the supervisor:					
Initial request approval	☐	Approved	☐	Denied	
90-day trial period dates:	From		To		
Supervisor signature				**Date**	
POST-TRIAL REVIEW					
Post-trial review:	☐ Continue	☐ Modify	☐ Terminate		
Notes:				**Post-trial Supervisor Signature / Date**	

Email/scan a copy of signed form to Human Resources.

Section II Regular Telework

Requests for regular telework require a three-month trial period.

For Regular Telework: LOCATION Schedule (identify which days employee will be at AC or alternate site)

	Monday	Tuesday	Wednesday	Thursday	Friday
Amarillo College					
Alternate Site					
Alternate work site address:					

For Regular Telework: Workday Schedule

Day of the Week	Start Time	Length of Meal Period	End Time	Hours Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total:				

Section II Regular Telework

Regular Telework / To be completed by the supervisor:

The following conditions and measured outcomes for teleworking have been agreed upon by the supervisor and employee: Attach separate document if needed.

What types of communication will be used to communicate with the supervisor and other campus employees?

Additional comments or expectations for regular teleworking:

Section II Regular Telework

Staff affirmation of telework arrangement (regular or occasional)

- I have read and understand the Flexible and Alternate Work policy and agree to the duties, obligations, responsibilities and conditions described in the policy and guidelines.
- I understand effective communication and satisfactory completion of stated duties and assignments are key to successful flexible and telework.
- I am responsible for furnishing and maintaining my alternate work site, including technology and computer equipment.
- I understand that Amarillo College assumes no responsibility for any operating costs associated with staff using a personal residence as an alternate work site.
- I have read, signed and agree to the Information Technology Requirements document.
- I have completed the Tovuti training module for teleworking.
- I will notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness or other circumstances.
- I will be available during my designated schedule.
- I understand that telework is not a substitute for dependent child or adult care.
- I understand that requests for occasional telework should be made at least one business day in advance.
- I understand that my requests for occasional telework may be denied due to the department/college's business needs.
- I understand my telework agreement can be terminated.

Section II Regular Telework

I have read and understand the conditions of the REGULAR telework arrangement:	
Employee Signature	
Date Signed	

STOP here and complete the ITS Requirements document and obtain ITS approval before moving to the final signoff and next steps.

Final Decision for REGULAR Telework / To be completed by the supervisor:					
Initial request approval	☐	Approved	☐	Denied	
90-day trial period	From		To		
Supervisor signature				**Date**	
POST-TRIAL REVIEW					
Post-trial review:	☐ Continue	☐ Modify	☐ Terminate		
Post-trial Supervisor signature				**Date**	

Employee: Review the “Do’s and Don’ts” document and complete the Tovuti module for employees.

Return a signed copy of this agreement, the ITS approval, and certificate of completion of the Tovuti module to Human Resources. Your supervisor will need to send an email to orgdev@actx.edu with your name so this training will be available for you. After the 90-day trial period, return an updated copy of this agreement to Human Resources.

Section III Occasional Telework

For Occasional Telework:

Alternate work site address:

Occasional Telework / To be completed by the supervisor:

How often may occasional telework be requested:

How is the employee expected to request occasional telework (phone, in-person, email etc)

What types of communication will be used to communicate with the supervisor and other campus employees?

Additional comments or expectations for occasional teleworking:

Section III Occasional Telework

Staff affirmation of telework arrangement (regular or occasional)

- I have read and understand the Flexible and Alternate Work policy and procedure and agree to the duties, obligations, responsibilities and conditions described in the policy and guidelines.
- I understand effective communication and satisfactory completion of stated duties and assignments are key to successful flexible and telework.
- I am responsible for furnishing and maintaining my alternate work site, including technology and computer equipment.
- I understand that Amarillo College assumes no responsibility for any operating costs associated with staff using a personal residence as an alternate work site.
- I have read, signed and agree to the Information Technology Requirements document.
- I have completed the Tovuti training module for teleworking.
- I will notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness or other circumstances.
- I will be available during my designated schedule.
- I understand that telework is not a substitute for dependent child or adult care.
- I understand that requests for occasional telework should be made at least one business day in advance.
- I understand that my requests for occasional telework may be denied due to the department/college's business needs.
- I understand my telework agreement can be terminated.

Section III Occasional Telework

I have read and understand the conditions of an OCCASIONAL telework arrangement:	
Employee Signature	
Date Signed	

STOP here and complete the ITS Requirements document and obtain ITS approval before moving to the final signoff and next steps.

Final Decision for OCCASIONAL Telework / To be completed by the supervisor:					
Initial request approval	☐	Approved	☐	Denied	
Supervisor signature				**Date**	

Employee: Review the “Do’s and Don’ts” document and complete the Tovuti module for employees.

Return a signed copy of this agreement, the ITS approval, and certificate of completion of the Tovuti module to Human Resources. Your supervisor will need to send an email to orgdev@actx.edu with your name so this training will be available for you.