

## Flex Time Hours of Work Agreement

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

According to the Lac La Biche County Library Board Human Resources policies, we are establishing a Flex Time Hours of Work Agreement with \_\_\_\_\_. Our policies state "where a flexible *hours of work agreement* is in place, overtime will be based on the excess hours in a week beyond the normal hours of work." Therefore, the agreed upon hours in a week will not exceed 37.5 but may exceed the normal 7.5 hours without incurring overtime.

Date to Begin Flex-time Arrangement: \_\_\_\_\_

Date to End Flex-time Arrangement: \_\_\_\_\_

*Flex-time schedule with the actual work hours requested per day.*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

### Employer/Employee Reviews

Meetings between the employee and the Director, Library Services will be scheduled bi-weekly to review the flex-time arrangements and discuss any needed adjustments. This agreement may be terminated by the employer or the employee with 14 days notice, except in cases of emergency or any agreed circumstances where no notice is required.

### Employee Agreement

I have read and understand the flex-time guidelines and I agree to the conditions of this requested arrangement. I also understand that this flexible work arrangement can be modified or terminated.

### Flex Time Review

This Flex-time arrangement is:

- ☐ extended to (date)
- ☐ modified as noted effective (date)
- ☐ cancelled as of (date)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director, Library Services: \_\_\_\_\_

Date: \_\_\_\_\_

