Flextime Policy



1. **PURPOSE**

Flexible work hours can help motivate staff, improve productivity, accommodate education activities or routine health appointments, and promote a culture that respects work-life balance.

The opportunity to engage in flextime must be approved by both the employee and the employee's supervisor, and must demonstrate mutual benefit. [Company name] reserves the right to revoke flextime privileges at any time for reasons including, but not limited to, scheduling conflicts, concerns regarding the productivity of employees, and a decline in customer service levels.

If flextime is to be terminated, it must be following [insert number] days notification to the employee.

2. **SCOPE**

This Flextime Policy applies to all flextime activities of [company name]. All managers, supervisors, and flextime employees should be familiar with the contents of this policy.

3. **ELIGIBILITY**

No employee is entitled flextime; however, where possible, flextime will be granted to employees to help accommodate outside commitments. [Full-time/part-time] employees who have completed their probation period and have worked at [company name] for a minimum of [insert time period] are eligible for the flextime program. Employees in a training capacity will not normally be approved to participate in the flextime program.

Flextime requests must be submitted in writing using [name appropriate form here], with approval being at the sole discretion of [company name]. Granted on a case-by-case basis, factors that will be considered in the decision include:

- Operational requirements of the job function.
- Work team schedules and time commitments.

- Overall job performance as documented in performance reviews.
- Degree of self-motivation.
- Degree of organizational, prioritization, and time-management skills.
- Ability to work independently in an unsupervised environment.
- Disciplinary record from the past [insert time period], especially in the areas of reliability and attendance.

Participation in the flextime program should have no negative impact on:

- The employee, or another employee's performance.
- Customer service, or internal service level agreements.
- Inter-departmental collaboration and communication.

Due to the time-sensitive nature of their associated tasks, and in order to ensure appropriate service levels, the following job positions are not eligible for flextime:

- [list job title]
- [list job title]
- [list job title]

4. **AVAILABLE FLEXTIME SCHEDULES**

The following are the flextime arrangements offered by [company name].

Delete those options *that do not apply to your organization.*

1. **Fixed schedule:** Employee adheres to a set schedule, but one that differs from regular business hours of the office.
2. **Daily flex schedule:** Employee sets his/her own work hours, within established limits set by management.
3. **Compressed workweek:** Employee completes a full workweek in fewer than five days by working extra hours on the days that they do work.
4. **5 x 4 workweek:** Employee works five days one week and four days the next, but still works for a total of 80 hours.
5. **Extreme flextime:** Employees, along with managers, set realistic output goals and deadlines and employees make their own schedules to achieve the final result.

Casual, temporary flextime arrangements are also permissible under the following circumstances:

- During convalescence from illness or injury.
- While a family member is recovering from an illness or injury and needs at-home assistance.
- During the last few weeks of pregnancy, or immediately after the birth of a child.
- To complete special project work that requires minimal interaction with other team members or departments.

With the exception of employees engaged in a 5 x 4 workweek, total weekly work hours must remain the same during a flexible work schedule as during a regular work schedule. In the case of a 5 x 4 workweek, the total bi-weekly work hours must remain the same during a flexible work schedule as during a regular work schedule.

Employees operating within a daily flex schedule must adhere to the following requirements.

- **Core period:** Set hours in a workday when all staff members are required to be present (due to meeting scheduling, customer contact requirements, service level agreements).
  Core hours for [company name] salaried employees are between [insert hour range] a.m. and between [insert hour range] p.m. Monday to Friday.
  Core hours for [company name] hourly employees are between [insert hour range] a.m. and between [insert hour range] p.m. Monday to Friday.
- **Bandwidth:** Set limits within which flextime employees may work (this includes the core period). Bandwidth defines the earliest time an employee may come to work, and the latest time they may leave.
  The bandwidth for [company name] salaried employees is between [define range] on weekdays, and between [define range] on weekends.
  The bandwidth for [company name] hourly employees is between [define range] on weekdays, and between [define range] on weekends.
- **Lunch:** [Company name]'s salaried employees are granted [insert number] hour(s) for lunch [paid/unpaid]. [Company name]'s hourly employees are granted [insert number] hour(s) for lunch [paid/unpaid].

5. **COMMUNICATION**

Employees participating in the flextime program are required to take responsibility for their relationships with team members and clients. If employees are working flexible hours, this should also be conveyed in their voice mail, office hours, points of client contact, shared Outlook calendars, [list additional requirements].

6. **COMPENSATION ADJUSTMENTS**

The employee's compensation, benefits, work status, and work responsibilities will not change as a result of participation in the flextime program. A flexible work schedule cannot:

- Create instances of overtime or shift differential.
- Be used to take away the opportunity for overtime or shift differential pay.

7. **AGREEMENT**

Employee's Name: _____ Department: _____

Supervisor's Name: _____ Date: _____

Outlined below are the terms and conditions for flextime, as agreed upon by the participating employee named above and his/her supervisor. A copy of this agreement shall be kept on file with the flextime employee's supervisor, and the original will be filed with the Human Resources Department.

Below is the agreed upon work schedule for _____ (employee name), for the time period from _____ until _____.

Choose the appropriate table or form from the five options outlined below.

1. **Fixed Schedule Agreement:**

Day	Begin Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours worked:		

Special schedule requirements:
_____
_____
_____
_____

2. **Daily Flex Schedule Agreement:**

_____ (employee name) will work _____ (number of hours) per week, adhering to core hours of between [insert hour range] a.m. and between [insert hour range] p.m. Monday to Friday.

Further, _____ (employee name) will adhere to [company name]'s bandwidth requirements of between [define range] on weekdays, and between [define range] on weekends.

Special schedule requirements:
_____
_____
_____
_____

3. **Compressed Workweek Agreement:**

Day	Begin Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total hours worked:		

Special schedule requirements:
_____
_____
_____
_____

4. **5 x 4 Workweek Agreement:**

Day	Begin Time	End Time
WK 1 Monday		
WK 1 Tuesday		

WK 1 Wednesday
WK 1 Thursday
WK 1 Friday
Total hours worked week 1:
WK 2 Monday
WK 2 Tuesday
WK 2 Wednesday
WK 2 Thursday
WK 2 Friday
Total hours worked week 2:

Special schedule requirements:
_____
_____
_____
_____

5. **Extreme Flextime:**

_____ (employee name) will complete the following assigned outputs by the due dates outlined below, but will not be responsible for maintaining a work schedule that corresponds to [company name]'s business hours. Continuance of this flextime agreement is contingent upon the timely completion of these deliverables and upon on the quality of work being submitted.

Deliverable	**Date Due**

I, _____ (supervisor's name), have reviewed the above information with _____(employee's name) prior to his/her participating in [company name]'s flextime program.

Supervisor's Signature: _____

Date: _____

I, _____ (employee's name), have read and understand the Flextime

Policy, and agree to abide by its rules. I also understand that this Flextime Agreement is not an employment contract or an employment benefit. This agreement is being entered into by me voluntarily, and may be terminated by my supervisor at any time, for any reason.

Employee’s Signature: _____

Date: _____