COLORADO DEPARTMENT OF TRANSPORTATION

FLEXTIME AGREEMENT

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| --- | --- | --- | --- |
| Employee Name |       | Personnel # |      |
| Supervisor Name |       | Personnel # |      |
| Work Schedule Description |       | [Work Schedule Rule](http://internal/chrm/Int/Documents/HowDoI/WorkScheduleList.xls) |       |
| Work Week Start |       |  |  |
| Flex “Buddy” |       [ ]  N/A | Flex Day |       |

This agreement establishes a set of conditions and standards for employees on flextime work schedules.

1. **Approval of the Immediate Supervisor**: I acknowledge that flextime is a privilege requiring approval of my immediate supervisor. I understand that the supervisor retains the authority to approve, deny, or rescind the use of flextime based on his/her responsibility to ensure high quality service delivery.
2. **Coverage**: I agree to coordinate my work responsibilities with my fellow workers, so that our customers will not suffer a loss in service during my absence. I also will identify a fellow worker who will agree to brief me on any information I might miss during my flex period.
3. **Scheduling**: I will ensure my supervisor and all others who depend on my services are aware of my schedule. I understand that flex days do not change.
4. **Overtime**: I will not incur any overtime or additional regular pay (premium pay) without the express consent of the Branch Manager. My flex schedule is not a basis for accruing premium pay. Non-exempt employees who are asked **by the supervisor** to work on their regularly scheduled day off will be allowed premium pay. Exempt employees who choose to work their regularly scheduled day off **will not** be compensated. For the purposes of premium pay, my work week start time is shown above.
5. **Vacation Scheduling**: I understand that flex schedules can affect coverage when combined with other time off, such as annual leave. I recognize that my flex partner’s schedule could affect my annual leave requests. The branch, however, will work carefully to ensure all staff have every opportunity to enjoy their vacation time.
6. **Leave**: Leave will be coded on timesheets to account for all planned hours in the day. e.g., If an employee is sick and the employee’s planned work day is 9 hours, the leave will be coded as nine hours.
7. **Holidays**: If a holiday falls on my regularly scheduled day off, SAP will add 8 hours to my alternate holiday quota. Holidays are a maximum of 8 hours per day. If you are scheduled to work more than 8 hours, then you have the option to use leave or make it up the additional hour(s) during the same work week. The same applies to an 8-hour training class.
8. **Continuous Improvement**: I am committed to the principles of continuous quality improvement. I will make every effort to evaluate the positive and negative impact of my flex schedule on customer service and will work with everyone in the branch to make this program successful. I agree to a six month trial period, at which point the branch will evaluate its success. If continued, the flextime agreement shall be reviewed as appropriate.

I have read, understand, and agree to comply with the above stated conditions and standards.

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| Employee Signature |  | Date |       |
| Supervisor Signature |  | Date |       |