



**EDMONDS COMMUNITY COLLEGE  
EXEMPT EMPLOYEE WORK SCHEDULE FORM  
SUMMER 2018**

<b>Employee's Name:</b>	
<b>Title:</b>	
<b>Department:</b>	
<b>Supervisor's Name:</b>	

\* **Start Date:** July 9, 2018 \* **End Date:** August 31, 2018

\*Alternative schedules will be mutually-agreed upon between the employee and supervisor during this period while taking into account the needs of the department/division, continued provision of services to all customers, and adherence to normal College business hours.

**NOTE:** Normal business hours for the College during this period are Mondays-Thursdays, 8:00 AM to 5:00 PM.

**Proposed Alternative Work Schedule:**

	Ex	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Time Start:	<u>7</u>	_____	_____	_____	_____	_____	_____	_____
Time End:	<u>5</u>	_____	_____	_____	_____	_____	_____	_____
Lunch Break:	<u>0.5 hr</u>	_____	_____	_____	_____	_____	_____	_____
Total Hours Worked:	<u>9.50</u>	_____	_____	_____	_____	_____	_____	_____

- A. **Job Responsibilities:** The employee and College agree that an alternative work schedule is not a basis for changing the employee's basic terms and conditions of employment, including but not limited to the total number of hours worked per week, salary, and benefits.
- B. **Work Schedule:** The College and employee agree the employee's official work schedule will be as specified above. The alternative work schedule will be in effect only between July 9 through August 31, 2018, and there shall be no reduction in services to the public or the College community during the period of the alternative work schedule. The employee acknowledges that the supervisor may ask the employee to work their normal official work schedule when the nature of the workload requires it. It is the employee's responsibility to come into the worksite as requested during these times. Classified employees on an alternative schedule are eligible for overtime/comp time after 40 hours, with supervisor pre-approval.
- C. **Time and Attendance:** The original *Alternative Summer Work Schedule Form* will be retained by the supervisor in the department/division office; with a copy provided to the employee. **(NOTE: Please do NOT send the original form or a copy to the Human Resources Office.) The supervisor is responsible for monitoring adherence to the employee's summer work schedule.**
- D. **Leave:** The employee agrees to follow established procedures for requesting and obtaining approval of leave through the time and leave reporting system (TLR).
- E. **Cancellation:** The employee understands that the College may cancel the alternative work schedule arrangement or discontinue the alternative summer work schedule program at any time at the discretion of the College and instruct the employee to resume working their normal official hours.

**Employee's Signature and Date:** \_\_\_\_\_

**Supervisor's Signature and Date:** \_\_\_\_\_

Distribution: **Original:** Supervisor; **Copy:** Employee

Human Resources Office; Rev. 3/1/2018