



**NORTH CAROLINA DEPARTMENT OF ADMINISTRATION
VARIABLE WORK SCHEDULE PROGRAM
AGREEMENT**

I, _____, hereby enter into this agreement with the Department of Administration, _____ Division to participate in the Variable Work Schedule Program.

I acknowledge that the Variable Work Schedule Program is at the discretion of my supervisor or appropriate DOA authority. Changes to this agreement require advanced approval by the supervisor and will be attached as an amendment to this agreement.

I have read the Department's current Variable Work Schedule Policy and certify that I am familiar with the policy and agree to comply with the requirements therein.

I understand that my supervisor and I will discuss and document a level of expectations in a separate document, if desired.

I understand that all obligations, responsibilities, terms and conditions of employment remain unchanged, except those obligations and responsibilities attached to this agreement.

I understand and agree that weeks with state recognized holidays may alter my variable work schedule. State holidays are based on an eight (8) hour work day and any additional time may not be worked on that day. I understand that I am responsible for such additional time I am required to work during my variable work schedule on these weeks.

I understand and agree to the applicable vacation and sick leave provisions during a compressed workweek schedule.

I agree to the following variable work schedule:

4/10 Schedule	_____	Flex Day	_____
9/80 Schedule	_____	Flex Day	_____
Compressed Week	_____		
Staggered Shifts	_____		

I certify that I have read, understood, and agreed to comply with the terms of the Department's Variable Work Schedule Policy and the specific terms of this agreement.

Signature

Date

Supervisor/Division Director

Date