

# 9/80 WORK SCHEDULE AGREEMENT

I understand that participation in the 9/80 work schedule is subject to temporary adjustment in both days and hours of work to meet workload needs caused by staff shortages and/or workload increases. I acknowledge that the department will provide required notice of changes to any work schedule. I further understand that the 9/80 schedule is at the discretion of the organization and can be revoked.

**I hereby request the following work schedule:**

**1st Friday Off**

Week 1					Week 2				
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
9	9	9	9	OFF	9	9	9	9	8

**2nd Friday Off**

Week 1					Week 2				
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
9	9	9	9	8	9	9	9	9	OFF

**Work Period:** The work period (seven consecutive days during the pay period) for employees covered by the Fair Labor Standard Act (FLSA) requirements is as follows: employees with every other Friday off have a work period of Friday, 12:00 P.M. through the following Friday, 11:59 P.M.

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

**Start Date:** \_\_\_\_\_

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

**Sign Date:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Sign Date:** \_\_\_\_\_