

Employee Name:	Employee email:
Employee Number:	Department:
Position title:	Supervisor:

The following terms have been agreed upon.

Hours of Work

- The parties agree that the employee will have the following weekly work schedule:

Work Day	Monday	Tuesday	Wednesday	Thursday	Friday	Lunch Period
Hours of Work						

- The employee agrees to exercise flexibility when operational needs arise. With reasonable notice, the hours of work will be adjusted when required to attend meetings and to otherwise meet operational needs.
- This agreement does not alter any other terms and conditions of employment for Employee(s).

Training Assignments

- When an employee covered by this FWH arrangement attends a training program, the Employer may change the employee's scheduled hours of work as set out in this agreement.

Term

6. This arrangement shall be for ____ months (no longer than 12 months in duration) and will be effective from _____ to _____. This arrangement may be renewed with mutual agreement.
7. This arrangement will be reviewed *quarterly/semi-annually* by the supervisor and employees to ensure its effectiveness. The next planned review will occur on _____.
8. Either party may, on written notice of thirty (30) calendar days to the other party, terminate this Agreement.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____