



**NYU**

**TANDON SCHOOL  
OF ENGINEERING**

**TO:** Staff, Administrators and Union Employees

**FROM:** NYU Tandon School of Engineering Human Resources Department

**SUBJECT:** Flextime Policy for Full-Time and Part-Time Staff, Administrators and Union Employees

### Procedure

An employee who wishes to work a flextime schedule must complete the "Flextime Proposal" form and submit it to his or her supervisor. The employee's supervisor or manager and the Senior Director of Human Resources will decide whether to accept the proposal and their decision will be final. The decision will then be communicated to the employee. If the proposal is accepted, the employee, the supervisor and the Senior Director of Human Resources must sign a "Flextime Agreement", copies of which should be maintained by all three.

If an employee wishes to modify this schedule, he or she may do so only with the prior approval of the supervisor and the Senior Director of Human Resources, and an addendum or revision to the Agreement must be made and signed by the employee, the supervisor and the Senior Director of Human Resources.

Employees will receive pay for School of Engineering holidays that fall on regularly scheduled workdays.

### Hourly, Non-Exempt Employees

When hourly, non-exempt employees are completing his or her time sheet when taking paid leave (vacation, sick or personal time), an employee on a flextime schedule must deduct the same number of hours he or she was scheduled to work that day, on the day(s) he or she is taking the time off. For example, an employee would deduct 5 hours of vacation time if he or she took vacation on a day that he or she was scheduled to work 5 hours. Similarly, on a day that an employee taking a personal day was scheduled to work 9 hours, the employee would deduct 9 hours for that day.



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## **FLEXTIME AGREEMENT**

I understand that NYU Tandon School of Engineering has approved my flextime proposal and, as such, I acknowledge and agree to the following:

### **1. Work Hours**

The total number of hours I work will not change as a result of this flextime arrangement, nor will my compensation and benefits change as a result of the arrangement as long as I continue to work the same number of hours each week that I currently work. Overtime will require the advance approval of my supervisor and will be paid according to the University's overtime policy.

The schedule indicated specifies the hours I will work. This schedule is subject to change based on business needs as determined by my supervisor or another member of management. As circumstances dictate, I may be required to work at times I am scheduled to be off.

I understand that I must take one hour lunch break each day, which does not count toward my hours worked, and may not "work through lunch" in order to leave early or reduce my time in the office.

### **2. Discontinuation of Flextime Agreement**

Should I wish to discontinue this Flextime Agreement at any time, I must provide two to four weeks written notice to the University.

The University reserves the right to modify or terminate this Agreement at any time and for any reason.

***I have read and understand this Agreement, as well as the School's Flextime Policy, and I accept the conditions in both documents. I understand that if, at any time, I fail to comply with the terms set forth in these documents, the arrangement may be discontinued and/or I may be subject to disciplinary action up to and including the termination of my employment.***



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If the period of flexible work arrangement is defined, please indicate the duration. If the period is tentative, mention TBD (to be decided) in the relevant section below.

Indicate your primary position : \_\_\_\_\_

Secondary position:

Adjunct

Other

Duration:

From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate flex hours below:

Monday:     __:__ a.m. to __:__ p.m.	Work hours: _____
Lunch break:  __:__ p.m. to __:__ p.m.	Work hours: 1

Tuesday:     __:__ a.m. to __:__ p.m.	Work hours: _____
Lunch break:  __:__ p.m. to __:__ p.m.	Work hours: 1

Wednesday:   __:__ a.m. to __:__ p.m.	Work hours: _____
Lunch break:  __:__ p.m. to __:__ p.m.	Work hours: 1

Thursday:     __:__ a.m. to __:__ p.m.	Work hours: _____
Lunch break:  __:__ p.m. to __:__ p.m.	Work hours: 1

Friday:       __:__ a.m. to __:__ p.m.	Work hours: _____
Lunch break:  __:__ p.m. to __:__ p.m.	Work hours: 1

TOTAL WORK HOURS: \_\_\_\_\_

At the end of this arrangement, the employee is expected to return to their regular scheduled work hours. If an employee wishes to modify or extend the schedule, he or she may do so by submitting a new form with prior approval of the supervisor and Senior Director of Human Recourses.



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Employee's Name

Employee's signature

Date

Supervisor's Name

Supervisor's Signature

Date

Sr. Director of Human Resources' Signature

Date