

FRANKLIN & MARSHALL

Reduced Summer Work Hours Agreement

Made this _____ day of _____, 20____, by and between
(your name) _____ a full-time employee of
the College (hereinafter "Employee") and Franklin & Marshall College, a not-for-profit academic
institution (hereinafter the "College").

Background

The College has developed a program for its full-time members of the professional staff, through which a staff member may elect, voluntarily, to reduce his/her work hours during the summer months. This program is made available as a convenience to employees who choose to participate. The terms of the program are more fully described in a policy published by the College.

Now, therefore, in consideration of the mutual promises contained herein and intending to be legally bound, the parties agree as follows:

1. Employee Election. Employee is making an election, with the consent of the College and Employee's manager or department chair, to voluntarily reduce his/her work hours per the College's published policy. Employee acknowledges this election is being made voluntarily. From July 1, 20____, through June 30, 20____, Employee will voluntarily reduce his/her work hours as Employee has requested and as approved by Employee's manager.

Employee further acknowledges that although reducing his/her work hours is voluntary, once this Agreement is signed, the Agreement will be irrevocable during the fiscal year.

2. Salary. Employee acknowledges that from July 1, 20____, through June 30, 20____, Employee's annualized salary will be **reduced** based on his/her reduced number of work hours or weeks.

If Employee's employment terminates during the fiscal year for any reason, Employer will have no obligation to pay additional salary to Employee, nor will Employee have any obligation to refund any portion of his/her salary paid through the termination date.

Please note: The bi-weekly salary of a non-exempt employee who participates in this program will fluctuate from pay period to pay period, based on the actual number of hours he/she works during each pay period.

For non-exempt staff members: Please notify Human Resources at least one month in advance if you will be off work for an entire two-week pay period. This will allow arrangements to be made to properly deduct your health and dental plan premiums, if applicable.

A non-exempt employee participating in this program will continue to be eligible for payment of an overtime premium per standard College policies and per state and federal regulations.

3. Benefits. Employee will continue to be eligible for benefits coverage per standard College policies providing he/she works at least 1,560 hours during the fiscal year. If eligible per standard College policies, Employee will receive College-provided contributions to the Retirement Plan based on actual, eligible compensation; life insurance coverage and long-term disability coverage based on his/her reduced salary; and, when eligible, salary continuation during paid time off based on Employee's reduced salary.
4. Employee Acknowledgement. Employee acknowledges he/she is entering into this Agreement freely and without coercion. Employee further acknowledges that regular, full-time work is available to him/her, yet Employee is freely choosing to reduce his/her work hours. The College is entering into this Agreement with Employee as a convenience to Employee.

This Agreement sets forth the entire agreement between Employee and the College.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date above first written.

Please write your new total, planned number of work hours (for a non-exempt employee) or work weeks (for an exempt employee) for the coming fiscal year: _____

Employee's College ID: _____

Employee's Signature

Date

Manager's or Department Chair's Signature

Date

Senior Officer's Signature

Date

Please return this completed Agreement to Human Resources, CSQ, no later than by June 1.

FRANKLIN & MARSHALL COLLEGE:

Director, Human Resources
cc: personnel file

Date