

AGREEMENT ON

COMPRESSED WORK SCHEDULE

(Ten Working Days in Nine)

I. Staff member:

Name:

Functional Title:

Division/Unit:

Ext:

Room No:

II. Supervisor:

Name:

Functional Title:

Division/Unit:

Ext:

Room No:

III. Staff members will work nine out of 10 working days; one of the 10 days will be designated a day off . The time that would have normally been worked on the designated off day will be divided as equally as possible among the other nine days. This is to be adjusted at each duty station in accordance with the normal working hours at the duty station.

**For New York**

Agreed working hours on each of nine days to be worked must make up the total hours of 10 working days, i.e., 70 hours, except during the General Assembly when there are 75 hours every 10 days, excluding one hour for lunch. 45 minutes extra will be worked on each of the eight working days and one hour extra on one, except during the General Assembly when 50 minutes extra will be worked during the preceding nine days.

On eight days of the nine,                      Daily starting time \_\_\_\_\_  
(or nine days during the GA)                      Daily finishing time: \_\_\_\_\_

On one day of the nine,                      Starting time \_\_\_\_\_  
(outside the GA period)                      Finishing time:  
\_\_\_\_\_

Total daily working hours in eight days of the nine: \_\_\_\_\_

Total working hours in one day of the nine: \_\_\_\_\_

Total working hours in nine days: \_\_\_\_\_

IV. Starting date for this Arrangement (first day of the period when staff member will have the tenth working day off):

\_\_\_\_\_

V. Ending date for this Arrangement:

\_\_\_\_\_

I understand (Department/Office's) policy on COMPRESSED WORK SCHEDULE as specified in (name of Head of Department) memorandum of (insert date) and its attachments. I agree to the duties, responsibilities, obligations and conditions outlined in that document.

I understand that a COMPRESSED WORK SCHEDULE is a re-arrangement of working hours that can be altered or withdrawn by (Department/Office).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Director (or equivalent title at OAHs)