

ANNEX III

AGREEMENT ON

SCHEDULED BREAK FOR EXTERNAL LEARNING ACTIVITIES

I. Staff member:

Name: _____ Functional Title: _____
Division/Unit: _____ Ext: _____ Room No: _____

II. Supervisor:

Name: _____ Functional Title: _____
Division/Unit: _____ Ext: _____ Room No: _____

III. Beginning date for this Agreement: _____

IV. Ending date for this Agreement: _____

V. Days of the week for scheduled break (maximum 2 days)

Day 1: _____ Day 2: _____

VI. Hours for scheduled break (maximum 3 hours per day)

No. of hours and time (day 1): _____

No. of hours and time (day 2): _____

VII. Normal Working Hours: _____

VIII. Days of week when hours will be made up: (May not include lunch hour)

Day 1 _____ Hours _____

Day 2 _____ Hours _____

Day 3 _____ Hours _____

I understand (Department/Office's) policy on SCHEDULED BREAK FOR EXTERNAL LEARNING ACTIVITIES 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that a SCHEDULED BREAK FOR EXTERNAL LEARNING ACTIVITIES is a re-arrangement of working hours that can be altered or withdrawn by (Department/Office).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)