



Less Than 12-Month Schedule Agreement

Reference [JMU Policy 1310 Alternative Work Schedules](#)

Employee Name _____ Position # _____

Employee ID # _____ Department _____

Indicate the position schedule:

Work schedule begins _____ Work schedule ends _____

Time off begins _____ Time off ends _____

I have explained the terms and conditions of less than 12-month schedules to the employee.

Supervisor's signature _____ Date _____

I have read and understand the terms and conditions of less than 12-month schedules outlined in [JMU Policy 1310 Alternative Work Schedules](#), section 6. I understand I must work the total number of months indicated on the schedule agreement before taking the designated time off. I understand my annual salary, under this agreement, will be adjusted according to the number of months indicated above and will be paid over 24 pay periods to accommodate deductions for benefits. I agree to reimburse the university for any overpayment of salary should I leave employment with the university or my employment status changes during this schedule agreement.

Employee's signature _____ Date _____

Unit Head, Dean or Vice President _____ Date _____

MSC 7009
752 Ott St
Harrisonburg, VA 22807
James Madison University
540-568-3970 Phone
540-568-7916 Fax
www.jmu.edu/humanresources