



# Less Than 12-Month Schedule Agreement

Reference 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 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, Vice  
President, Associate or  
Assistant Vice President \_\_\_\_\_ Date \_\_\_\_\_

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