



Less than 12-Month Schedule Agreement

Employee Name _____ Position # _____

Employee ID # _____ Department _____

Employee Classification _____

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 signature _____ Date _____

Unit Head, Dean, Vice
President, Associate or
Assistant Vice President _____ Date _____

Office of Human
Resources

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