

Flexible Work Schedule Policy

Updated October 14, 2019

Bergmeyer is committed to helping employees face the demands of juggling work, family, and life issues by offering flexible work arrangements. The goal of this policy is to provide flexibility with work schedules while maintaining a productive work environment. Employees will be considered for alternative work scheduling on a case by case basis in situations where project teams can continue to function with no loss of quality, continuity, or ease of communication.

There are two types of flexible work types which are addressed by this policy: Flex time and Telecommuting.

Flex time is generally defined as a regular 8 hour workday with flexibility in the employee's starting and ending times.

Telecommuting is working from home or elsewhere outside the office.

This policy is designed to address requests for regular adjustments to schedules through either Flex time or Telecommuting. Occasional flexible work times or telecommuting on a one-off basis for the purposes of accommodating infrequent occurrences such as doctor's appointments shall be coordinated directly with your Project Managers.

Flexible work or telecommuting arrangements are not appropriate for all employees or positions and are not a universal employee benefit. Technology has made these options much easier, but the nature of our business means recognizing that some meetings are far more productive with all people in the room. Employees requesting these options must have a good attendance record, meet performance expectations, and consistently demonstrate the ability to complete tasks in a timely way with high quality deliverables. Absences or alternative schedule should not cause significant disruption to the delivery of our work. This requires direct and explicit communication on the part of employees to their managers. Subjects of this communication include identifying what tasks can be accomplished off site, familiarity and dexterity with our remote network access, and the development of clear expectations for schedules and deliverables.

Guidelines for Flex Time and Telecommuting

- Requests should be made in writing in advance using the Flex Time/Telecommuting Request Form, and sent to both your project manager and the Director of HR for approval.
- Once approved, let your team know and clearly identify your time in and out of the office in Outlook.
- Arrangements and schedules that work for one project team may not fit the needs of another. When working with new teams and PMs you are required to communicate your schedule and seek new approval.
- Flex time and telecommuting arrangements will be re-evaluated every 6 months and must be renewed with new project assignments.
- Arrangements can be cancelled at any time if they are not working for all parties.

BOS

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This flexible schedule work arrangement is agreed to between BERGMAYER and [Employee Name]. The agreement becomes effective on [Start Date] and shall remain in effect until [End Date] unless modified or terminated by Bergmeyer, the employee, or supervisor to the employee.

Proposed Flexible Work Schedule:

[Describe Flexible Work Schedule Request]

Reason for Proposed Flexible Work Schedule:

[Describe reason for Flexible Work Schedule Request]

The agreement is subject to the employee continuing to satisfy these conditions:

- The employee maintains satisfactory job performance.
- The work schedule does not interfere with normal interactions with co-workers or clients
- The schedule does not adversely affect the ability of other employees to do their jobs
- The employee assures his/her accessibility to coworkers and clients via phone, email, etc.
- The employee regularly communicates with Project Teams and Project Managers
- Flexible Work Schedule is clearly identified in Outlook calendar

I understand that this schedule is not a permanent benefit and can be modified or cancelled by the firm if any of the above conditions are not satisfied. The maximum duration of this Flexible Work Schedule Agreement is six months. The employee may request an extension subject to the review of their performance at the completion of the six month period.

Employee Signature: _____ Date: _____

Approved by (HR Director): _____ Date: _____

Approved by (PM): _____ Date: _____

Approved by (PM): _____ Date: _____

Approved by (PM): _____ Date: _____