AGREEMENT ON STAGGERED WORKING HOURS

I. Staff member:

Name: ___________________________  Functional Title: ___________________________
Division/Unit: ____________________  Ext: ____________________  Room No: ______________

II. Supervisor:

Name: ___________________________  Functional Title: ___________________________
Division/Unit: ____________________  Ext: ____________________  Room No: ______________

III. Staff members are expected to be present during the core working hours established at UNOG (from 10h00 to 16h00). Staff must complete the balance of the working hours for each day before, after, or partly before and partly after the core period. A total of eight hours must be worked each day. Staff are not permitted to use their lunch hour or technical breaks for the purpose of gaining additional time within this arrangement.

IV. Agreed work schedule

Department core working hours: 10h00 to 16h00

Daily starting time: ______________
Daily finishing time: ______________

Total daily working hours: ______________

IV. Starting date for this Arrangement (first day of the period when staff member will begin working staggered hours:

____________________________________________________________________________

V. Ending date for this Arrangement:

____________________________________________________________________________

I understand UNOG’s policy on STAGGERED WORKING HOURS as specified in the IC/Geneva/2003/28 of 30 May 2003 and its attachments. I agree to the duties, responsibilities, obligations and conditions outlined in that document.

I understand that STAGGERED WORKING HOURS is a re-arrangement of working hours that can be altered or withdrawn by UNOG.
## FLEXIBLE WORKING ARRANGEMENTS IN UNOG
### ATTENDANCE SHEET FOR COMPRESSED WORK SCHEDULE (10 IN 9)
**FOR THE MONTH OF ....................... YEAR ........**

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<th>Day/Dates</th>
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<th>Total No of hrs worked in the 10 in 9 schedule, excluding one hour for lunch</th>
<th>For authorized overtime/comp time of GS staff</th>
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Name and Signature of staff member:  
Name and Signature of first level supervisor:

Date:  
Date:
AGREEMENT ON COMPRESSED WORK SCHEDULE
(Ten Working Days in Nine)

Staff member:

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

Supervisor:

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

a. Staff members will work nine out of 10 working days; one of the 10 days will be designated a day off. The time that would have normally been worked on the designated off day will be divided as equally as possible among the other nine days.

b. If there is a particular demand for a specific day to be designated a day off under this scheme, there may be a need to rotate the day of the week designated as a day off between participating staff within a working unit. To avoid the absence of many staff on the last day of the two-week period, the designated day off need not necessarily be the tenth consecutive day, but may be any day within the 10-day period. Thus, staff may in some instances avail themselves of a day off without necessarily first having "banked" the necessary working hours, as long as the difference is made up within the two-week period.

c. A designated day off may not be carried forward from one two-week period to the next.

For Geneva

Agreed working hours on each of nine days to be worked must make up the total hours of 10 working days, i.e., 80 hours, excluding one hour for lunch. To make up the difference under the compressed work schedule, one extra hour may be worked for each of eight days (equalling 9 hours of work, excluding a one hour lunch break) while a normal eight-hour day (excluding a one hour lunch break) is worked on a 9th day. A 10th day will be designated a day off.

| On eight days of the nine, | Daily starting time | ____________ |
| On one day of the nine, | Starting time | ____________ |
| | Finishing time: | ____________ |

Total daily working hours in eight days of the nine: ____________
Total working hours in one day of the nine: ____________
Total working hours in nine days: ____________
Starting date for this Arrangement (first day of the period when staff member will have the tenth working day off):

_________________________________________________

Ending date for this Arrangement:

_________________________________________________

Participating staff are obliged to maintain a written record of the time they start, and end, work on each of the nine working days. Such records are to be made available to the supervisor concerned for verification. It is the responsibility of supervisors to ensure that the agreed arrangements are adhered to by participating staff. A sample attendance sheet is attached to this Agreement.

I understand UNOG’s policy on COMPRESSED WORK SCHEDULE as specified in IC/Geneva/2003/28 of 30 May 2003 and its attachments. I agree to the duties, responsibilities, obligations and conditions outlined in that document.

I understand that a COMPRESSED WORK SCHEDULE is a re-arrangement of working hours that can be altered or withdrawn by UNOG.

Signed: ____________________________ Date: ____________________________
Staff Member

Signed: ____________________________ Date: ____________________________
Supervisor

Signed: ____________________________ Date: ____________________________
Director

Copy to: Human Resources Management Service
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 UNOG’s policy on SCHEDULED BREAK FOR EXTERNAL LEARNING ACTIVITIES as specified in IC/Geneva/2003/28 of 30 May 2003 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 UNOG.

Signed:  _________________________  Date: ______________________
Staff Member
Signed:  _________________________  Date: ______________________
Supervisor
Signed:  _________________________  Date: ______________________
Director

Copy to: Human Resources Management Service
AGREEMENT ON WORK AWAY FROM THE OFFICE
(Telecommuting)

I. Staff member:
   Name:     Functional Title:
   Division/Unit:    Ext.   Room No:

II. Supervisor:
   Name:     Functional Title:
   Division/Unit:    Ext.   Room No:

III. Location of work place (remote work place):
   Tel. No(s):    Fax No.:    E-mail address:

IV. Work to be undertaken away from the office:
   Specific outputs:

V. Days of week covered by this Agreement (max. 2 days):
   Agreed working hours:

VI. Other aspects of this Agreement (if required):

VII. Starting date of Agreement:    End date:

1) I understand UNOG’s policy on WORK AWAY FROM THE OFFICE (telecommuting) as specified in IC/Geneva/2003/28 of 30 May 2003 and its attachments. I agree to the duties, responsibilities, obligations and conditions outlined in that document.

2) I understand that I am responsible for providing all necessary hardware (computer, printer, telephone, modem) that may be required to perform the tasks stipulated in this document at the remote work place.

3) I will be responsible for upgrading hardware should this be required to perform the tasks stipulated in this Agreement.

4) I will be responsible for meeting the cost of any and all repairs to such hardware.

5) I will be responsible for operating costs, e.g., for telephone calls and use of the Internet.

6) I will be responsible for furnishing and maintaining my remote work place in a safe manner.
7) I release the United Nations from any liability for damage to property at my remote work place and understand that any claim for compensation for service-incurred injury would be subject to the submission of evidence that the injury was due to work done for the United Nations.

8) I understand that ‘WORK AWAY FROM THE OFFICE’ is a re-arrangement of work site that can be altered or withdrawn by UNOG.

Signed: ____________________________  Date: _________________________  
Staff Member

Signed: ____________________________  Date: _________________________  
Supervisor

Signed: ____________________________  Date: _________________________  
Director

Copy to: Human Resources Management Service