

JOB SHARE AGREEMENT

Employee Name: _____ Employee ID: _____

Position Number: _____ Work Station Location: _____

Agency: _____ Department: _____

The employee named above acknowledges and agrees that this job share arrangement is established solely to accommodate the employee's request for permanent part-time work, pursuant to the provisions of the Job Sharing Article, of the applicable Collective Bargaining Agreement between the State of Vermont and the Vermont State Employees' Association, Inc. or the Extension of Certain Contract Benefits to Classified Service Managerial or Confidential Employees, as appropriate.

Conditions:

1. The employee will be regularly scheduled to work:

_____ (Example: Monday – Friday, four hours/day, from 8:00 AM to noon per week) as part of the job share for:

Position number: _____

Additional work hours may be required.

2. Holiday, personal leave, annual, and sick leave benefits will be earned on an appropriately pro-rated basis.
3. Eligibility for the health, dental and life insurance plans is based on meeting the individual eligibility requirements of each plan.
4. The State may, at its discretion, terminate any job sharing arrangement and require either incumbent, or both, to work full-time. Employees affected by such decisions shall receive thirty (30) days notice prior to the effective date of implementation. Employees who decline to work full-time may be eligible for reduction in force rights as outlined in the Job Sharing Article of the applicable collective bargaining agreement or Extension of Benefits.

Employee Date

Agency/Department Human Resource Administrator Date

Agency/Department Designee Date

Department of Human Resources Date