PRINT FORM

DHS Oregon Department of Human Services

Job Share Agreement

Employee Name_____ EIN # _____

I accept employment with the Department of Human Services as a job share employee and agree to work _____percent of one full-time position. My job share appointment is effective _____.

I understand that job share participants share one fringe benefit package, which is split between the participants based on the ongoing percentage of time agreed to above. This includes fringe benefits for health insurance, vacation leave, sick leave, personal business leave and paid holiday time.

I understand that if continuous position work requirements occur due to the absence of my job share partner of if a portion of the position becomes vacant, I may be asked to work additional hours beyond my agreed upon percentage until such time as the job share partner returns or the vacancy is filled.

If such increased hours are needed, I will be paid at straight time for all additional hours worked (not to exceed a total of 40 hours per week), unless it constitutes overtime as defined by the Collective Bargaining Agreement. I will receive additional prorated sick leave, vacation leave and holiday pay (if applicable) for the additional hours worked. This increase in hours will not affect the agreed percentage for which I am hired or the percentage of the health and dental benefit package for which I am eligible.

In the event of a layoff situation, please refer to your appropriate bargaining contract for further information.

If one job sharing partner in a job sharing position is removed, dismissed, resigns or is otherwise separated from state service, the appointing authority has the right to determine if job sharing is still appropriate for this position. Please refer to your appropriate bargaining contract for additional information.

_____ _____

Job Share Employee's Signature Date

_____ _____

Manager's Signature Date

Copy: Personnel File