



Hills Community Options Inc.

INDIVIDUAL FLEXIBILITY AGREEMENT

Dated: _____

BETWEEN: Name _____ Address: _____

AND **Hills Community Options Inc.** - 76 Hutchinson St., Mt Barker SA 5251

1. This Individual Flexibility Agreement is made under the **Social, Community, Home Care and Disability Services Award 2010**.
2. This Individual Flexibility Agreement begins to operate on _____.
3. The employer and the employee hereby agree that the Social, Community, Home Care and Disability Services Award 2010 is varied as follows: (please circle **Yes** or **No**)

The employee has voluntarily agreed to:

- (a) accept shifts in excess of 8 hours and up to 10 hours (Section 25.1a); which, increases shift opportunities for staff and minimises additional travel costs for staff residing outside the local work area. **YES / NO**
- (b) waive the provision in the Award which requires that 'Employees other than casuals will be free from duty for not less than 4 full days each fortnight' (Section 25.3); this clause allows staff to accept additional shifts when available, thereby increasing their income either as a one off extra shift or ongoing extra work. **YES / NO**
- (c) waive the provision in the Award relating to a minimum break of 10 hours between rostered shifts (Section 25.4); this allows staff to pick up 24hr active/passive shifts, increasing earning potential and regulating the consistency of standard rosters. **YES / NO**
- (d) undertake broken shifts with a span in excess of 12 hours and to waive the provision in the Award relating to Broken Shifts which requires payment at double time for hours worked in excess of 12 hours (Section 25.6c); this will assist staff in having an appropriate work/life balance and offers flexible work opportunities for staff who prefer to cluster their shifts or minimise daily travel requirements. **YES / NO**

4. This Individual Flexibility Agreement can be terminated in the following ways:
 - (i) if the employer and the employee agree in writing to its termination; or
 - (ii) by either the employer or the employee giving 13 weeks' notice of termination to the other person. At the end of the notice period this Individual Flexibility Agreement will cease to operate.
5. The employer and the employee have genuinely agreed to enter into this Individual Flexibility Agreement to meet the genuine individual needs of both parties and without any coercion or duress.

The Employer

The Employee

Signed:

Signed:

Name in full: **Elena Rorie**

Name in full (printed):

Position: **Senior Coordinator WD & HR**

DATE: