

Flexible Work Arrangement Agreement

To be completed by the supervisor in consultation with the employee and Human Recourses

Employee Information:

Name:

Job Title:

Supervisor Name:

Department:

Arrangement Effective Date:

First Review of Agreement Date:

Arrangement End Date:

This agreement will remain in effect until the agreed end-date unless modified or terminated by the University or the employee. In the event that either the University or the employee intends to terminate this agreement, a minimum of four weeks written notice will be provided (where possible). In the event of a workplace emergency, this agreement may be suspended immediately and indefinitely. Review of this agreement can be at any time, if requested by either party.

Arrangement Details:

- Alternative Arrival/Departure Time
- Compressed Schedule
- Alternative Work Site
- Remote Work - 100% or hybrid
- Staggered Work Days on-site
- Reduction in Hours/Part-time
- Combination/other: _____

List the flexible work arrangements (*be as specific as possible*):

This agreement will be reviewed after the first 30 days and then at 90 days. For any long-term arrangement, review of this agreement will occur, at a minimum, annually. The reviewed arrangement must be signed by both parties and forwarded to Human Resources for filing.

This agreement is subject to the employee satisfying the following conditions on a continuing basis:

- The employee shall perform all job duties at a satisfactory performance level.
- The work schedule does not interfere with normal interactions with supervisor, co-workers, or customers.
- The work schedule does not adversely affect the ability of other departments or employees to perform their jobs.
- The employee will remain accessible to co-workers or customers during the agreed hours outlined above.
- PTO will be available for use in the same manner as prior to this flexible work arrangement agreement and be subject to all other applicable University leave policies.

All of the employee's obligations and responsibilities, and terms and conditions of employment with the University remain unchanged, except those specifically changed by this agreement. Any noncompliance with this agreement by the employee may result in modification or termination of the flexible work arrangement established by this agreement.

Work product you develop remains the property of the University. When you are working remotely, you agree to spend your work time performing your position duties. You agree to consult with your supervisor, through mutually agreed-upon mode(s) of communication, to receive or review completed assignments. Work deliverables are the same as if you were working at a non-remote work location. You agree to give accurate and up-to-date information to your supervisor, team members, and other constituents regarding hours for accessibility, as appropriate. If you are a non-exempt employee, you must also record all hours worked in StarGarden. Non-exempt employees must conform to the overtime, record-keeping, and meal break provisions of the Fair Labor Standards Act and where relevant, appropriate state labor laws, respectively, for staff members covered by those provisions. You must maintain the agreed upon schedule and location stated in this Agreement.

Family care demands shall not compete with work duties/tasks other than communicated prior arrangements. Remote work should not be regarded as a substitute for childcare or other family care. If you need to modify these arrangements, please inform your supervisor, obtain the necessary approvals, and document the adjustments.

I have read and understand the above expectations for a flexible work agreement and remote working requirements. By signing below, I agree to be bound by its terms and conditions.

Employee Signature:

Supervisor Signature:

Date:

Date:

Start Date:

Review Date:

Human Resources Signature:

Date: