

## Alternative Work Arrangement Agreement Remote, Telecommuting and/or Flextime Request

### Employee Information

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_ Email: \_\_\_\_\_  
 Classification:  Faculty  Staff  Temporary  
 Agreement Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Flextime Information (if work hours are changing)

<input type="checkbox"/> Exempt (Salaried) employee <input type="checkbox"/> Non-exempt (Hourly) employee (1 hr. lunch break must be scheduled)	<b>Alternative Work Schedule (hours)</b>				
	<b>On-Campus</b>		<b>Off-Campus</b>		
<b>Days</b>	<i>Begin</i>	<i>End</i>	<i>Begin</i>	<i>End</i>	<b>Total Hours</b>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total Hours</b>					

### Telecommuting Information (if work location is changing)

Telecommuting Site: \_\_\_\_\_  
Address City State Zip  
 At the main campus, employee's work hours are from \_\_\_\_\_ to \_\_\_\_\_ on the  
 following days: \_\_\_\_\_.  
 At the off-campus work location, employee's work hours will be from \_\_\_\_\_ to \_\_\_\_\_ on  
 the following days: \_\_\_\_\_.  
 Are there any functions of the employee's job that cannot be performed remotely? (if yes, list below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agreement Information

By signing this Alternative Work Agreement, the employee understands and agrees with the conditions listed below. If the arrangement does not meet the operational needs of the department it can be discontinued at any time at the discretion of the supervisor.

### Conditions and Reminders:

- Must adhere to the approved Agreement; changes must be approved in advance by the supervisor. The supervisor may also occasionally adjust the Agreement with reasonable notice of the change, whenever possible.
- Will remain accessible and productive during scheduled work hours.
- Will maintain satisfactory performance standards and will be evaluated in the same manner as when working on-campus and/or normal business hours.
- Will record time and attendance in the same manner as when performing official duties on-campus and/or normal business hours.
- Will obtain supervisory approval before taking leave in accordance with established departmental procedures.
- Will plan for regular dependent care and understands that telecommuting is not a substitute for dependent care.
- Will report to the University's on-campus work location as necessary upon directive from their supervisor. This may include working during the employer's normal business hours.
- Will communicate regularly with their supervisor and co-workers, which may include a weekly written report of activities, if requested by the supervisor.
- Will comply with all of the University's policies, procedures, practices and instructions in the same manner they apply when working on-campus and/or during normal business hours.
- Will maintain a safe and secure work environment at the remote location at all times (if applicable).
- Will allow the University access to the remote work location for purposes of assessing safety and security, upon reasonable notice by the supervisor, as necessary (if applicable).
- Will report any work-related injuries to their supervisor immediately as required by Workers' Compensation regardless of work location and/or work hours.
- Agrees that any University-owned equipment provided will be serviced only by the University. If the employee provides the equipment, they are responsible for servicing and maintaining such equipment.
- Agrees that University-owned equipment will not be used by anyone other than the employee for business-related work only and understands that all equipment and resources provided by the University shall remain the property of the University at all times.
- Agrees to protect all University equipment & resources from theft or damage and to report theft or damage to his/her supervisor immediately.
- Understands that the University will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence or other remote work location while performing official University duties remotely unless required by law.
- Understands that if a supervisor requires a fully remote employee to come to campus for a full business day or longer and the employee resides and works more than 75 miles from the main campus, the department may cover the employee's travel costs using departmental travel budget funds in compliance with the University's Travel Policy.



- Understands that their personal vehicle will not be used for University business unless specifically authorized by the supervisor.
- Understands that private office space on campus is not guaranteed and that, depending on the alternate work arrangement and the specific job function, there might be shared and/or other open or community office space arrangements implemented.
- Agrees to comply with the University’s policies, procedures and expectations regarding information security and is expected to ensure the protection of proprietary University & vendor information as well as employee & student information accessible from their remote location.
- Understands that all terms and conditions of employment with the University remain unchanged, except those specifically addressed in this Agreement.
- Understands that management retains the right to modify this Agreement on a temporary or permanent basis for any reason and at any time.
- Understands that if they fail to comply with the Agreement, they may be returned to the on-campus work location/schedule and may also be subject to disciplinary action.
- Agrees that in case of employee’s separation from the University, all University equipment and resources (e.g., ID, keys, etc.) will be returned to the University within two working days of the separation date.

**Signatures**

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

**Supervisor Acknowledgement**

- Approve
- Approve with Modifications: \_\_\_\_\_
- Deny (Select Appropriate Reasons Below)
- Business Demands/Projects   
  Limited Staff   
  Availability Reduced Business Continuity

***By approving this alternative work arrangement, I attest that I have preventative strategies in place to mitigate workplace time theft and ways to measure and manage productivity.***

\_\_\_\_\_  
Supervisor/Chair Name (Print) Signature \_\_\_\_\_  
Date

**Department Head/Dean Approval**

\_\_\_\_\_  
Department Head/Dean Name (Print) Signature \_\_\_\_\_  
Date

**Vice President/Provost Approval**

\_\_\_\_\_  
Vice President/Provost (Print) Signature \_\_\_\_\_  
Date

**Human Resources Approval**

\_\_\_\_\_  
Human Resources (Print) Signature \_\_\_\_\_  
Date