



FLEXIBLE WORK ARRANGEMENT AGREEMENT

Employee Name: _____

Title: _____

Unit: _____

Supervisor: _____

Flextime Telecommuting

1. Please complete the attached Justification for Flexible Work Arrangement signed by employee and supervisor.

2. If duties to be performed off-site, or telecommuting, please include a job description along with performance expectations, signed by employee and supervisor.

GENERAL TERMS OF THE AGREEMENT

- I have read the Flexible Work Arrangement policy and agree to abide by the terms of that Policy.
- All College policies and procedures, including time and attendance reporting and leave time, continue to apply during flexible work arrangements.
- The College reserves the right to cancel or modify the agreement based on operational needs.

If telecommuting I also agree:

- I understand I may have to come to the work site when deemed necessary by the supervisor regardless of the telecommuting arrangement or work schedule.
- I shall provide a safe and secure workplace in an ergonomically sound manner and hold the College harmless for injury or harm caused to or by home office equipment.

TERMINATION OF FLEXIBLE WORK ARRANGEMENT

The College has the right to discontinue the flexible work arrangement with two weeks notice for any reason. The employee may discontinue this arrangement with two weeks notice if it does not work out as planned and expected subject to the College's needs.

Approval _____
 Disapproval Unit Head Date

Approval _____
 Disapproval Division Head Date

Approval _____
 Disapproval Department of Human Resources Date

