

# FLEXIBLE WORK ARRANGEMENT AGREEMENT

Employee Name:

Email:

Phone:

University ID:

Job Title/Classification:

Department:

Supervisor:

Begin Date:

End Date (if applicable):

☐ Ongoing

## TYPE OF FLEXIBLE WORK – check all that apply

- ☐ Flexible Schedule      ☐ Remote Work (Telecommuting)      ☐ Job Sharing  
☐ Reduced Hours/Part-Time      ☐ Compressed Work Week

### ***This section only required for remote work arrangements***

#### **WORK LOCATION**

☐ Home      ☐ Other (Describe): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Important Note:** The Office of Risk Management and the Payroll office must be notified of any employee who is or will be working permanently or temporarily from another state or country. Visit <https://ba.uoregon.edu/payroll/employee-working-outside-oregon> for more information.

#### **EQUIPMENT**

If university-owned equipment will be used by the employee at the remote work location, the employee must sign and attach the [Property Receipt Form](#).

## **DUTIES AND EXPECTATIONS**

The following are job requirements and performance objectives that the employee must meet as a part of the flexible work agreement (e.g. participation in meetings, ensuring customer/colleagues needs are met, meeting project deadlines, etc.)

Additional conditions (if any) agreed to by the employee and supervisor are as follows:

**SCHEDULE:**

This Agreement begins on \_\_\_\_\_ and continues until \_\_\_\_\_ [insert dates] ☐ Indefinite/Ongoing

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

For overtime eligible employees only: I understand that I must report all hours worked and that overtime or work outside of my normal schedule requires supervisor pre-approval even when a flexible work arrangement exists.

Employee initials if applicable \_\_\_\_\_

**PLAN/FOLLOW UP TO ASSESS THE SUCCESS OF THIS AGREEMENT:**

(ex: Monthly Check Ins)

**ADDITIONAL TERMS**

The decision to approve this agreement is made at the university's discretion.

All of the employee's obligations, responsibilities, and terms and conditions of employment with the university remain unchanged, except those specifically changed by this agreement. The university is not responsible for providing any financial assistance to facilitate any remote work arrangement, except as specifically agreed in this agreement. This agreement can only be changed by written agreement. Any change that is not in writing is not enforceable.

Flexible work arrangements are subject to ongoing review. The university may terminate this agreement at any time based on performance concerns, organizational needs, or failure to follow any of the requirements of this agreement. The university is not responsible for any costs incurred by the employee resulting from termination of this agreement. The university's failure or delay in enforcing any requirement of this agreement is not waiver of that requirement or any other, and such requirement may be enforced at any time.

By signing below, I acknowledge that I received a copy of, read, and understand the [Flexible Work Arrangements Policy](#), [Flexible Work Arrangements Guidance and Procedures](#), and this Flexible Work Arrangement Agreement, and agree to abide by all requirements therein. I agree that, among other things, I am responsible for maintaining the hours specified in this agreement and observing wage and hour provisions as they apply.

**Applicable to remote work arrangements:** I agree to furnish and maintain my remote worksite in a safe manner, employ appropriate security and confidentiality measures for university files and information, and comply with all other policies of the university. I agree to allow the university to inspect my designated work location (home/remote) at mutually agreed-upon times to ensure that safe working conditions exist. I agree further to provide access to my work site by any agent of the university to conduct post-accident or other investigations.

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President, Provost, Athletic Director, or Designee Signature\*:

\_\_\_\_\_ Date: \_\_\_\_\_

*\*If Supervisor is Vice President, Provost, Athletic Director, or Designee, additional signature is not required.*

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*Department of record retains original document in the personnel file.*

#### **Related Policies & Resources**

- Flexible Work Arrangements Policy- <https://policies.uoregon.edu/vol-5-human-resources/ch-4-workplace/flexible-work-arrangements>
- Remote Work Arrangements Guidance – <https://hr.uoregon.edu/employee-labor-relations/policies-guidance-reporting/flexible-arrangements-policy-guide/guidance-0>
- Flexible Work Arrangements Guidance & Procedures- <https://hr.uoregon.edu/employee-labor-relations/policies-guidance-reporting/flexible-work-arrangements-policy-and-guidance>
- Mobile Technology - <https://policies.uoregon.edu/vol-4-finance-administration-infrastructure/ch-6-information-technology/mobile-technology-access>
- Flexible Work FAQs- <https://hr.uoregon.edu/employee-labor-relations/policies-guidance-reporting/flexible-arrangements-policy-guide/faq-flexible>