

# Flexible Work Arrangement Agreement

# Flexible Work Arrangement Request

## Type of Flexible Work Arrangement

Flexible Work Schedule   Hybrid   Remote (requires HR approval)

If telecommuting, identify alternate workplace: \_\_\_\_\_

## Section I -Employee Information

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Title: \_\_\_\_\_

Union Affiliation: Y   N   if yes, please indicate which one: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Arrangement requested by: Employer Employee

Duration (maximum of one year) Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Section II -Supervisor Survey

Job Duties can be performed fully or partially remotely

### Section III –Safety Checklist

the following safety features must be verified by employee at remote workplace listed above:

## Contingency Plan

It is recommended a contingency plan be discussed as part of the Agreement process. If there is an established plan, outline the details in the space below.

Include: Onsite backup, response time, deliverables, meeting schedules.

## Equipment and Technology Access

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\* Use this section to capture any details or information agreed to between supervisor and employee, which may not be covered in