

Flexible Work Arrangement Agreement Form
(To be completed and kept on file with the unit's internal HR department)

Employee Name: _____ Job Title: _____

Department: _____ Supervisor Name: _____

Supervisor Phone: _____ Supervisor email: _____

Describe how the flexible work arrangement meets the definition and guidelines as outlined in the University's Flexible Work Arrangements policy:

Describe the type of flexible work arrangement (see examples in the Flexible Work Arrangements policy)

The employee will work the following hours during the work week:

Day	Arrive	Depart
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		

This schedule will begin:

Month	Day	Year

Include any comments or stipulations related to this flexible work arrangement. Include details about trial periods, how often the schedule will be reviewed (a minimum of every 6 months), and any specific end date or if the schedule will end when changed by the unit.

By signing this agreement, the employee certifies that he or she has reviewed, understands, and agrees to the University's Flexible Work Arrangements policy and any other stipulations as noted in this agreement.

ACKNOWLEDGMENT

Employee _____ Date _____

APPROVAL

Supervisor _____ Date _____

Department Head/Director _____ Date _____