

Flexible Work Agreement Form

Employee Name: _____ FLSA Status: Exempt Non-Exempt

Department: _____ Position Title: _____

Flexible Work Arrangement Requested
Flextime/Compressed Work Week

Flexplace/telecommute

	Current Schedule	Proposed Schedule	Flexplace*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

*Must complete Flexplace Agreement at end of application.

Why are you requesting the proposed schedule?

Describe your plan for meeting the responsibilities of your position.

Employee Authorization

I have read and understand the flexible work arrangement process and agree to the terms and conditions set forth by this arrangement. I understand that it is my responsibility to make my flexible work arrangement a success and that the University of Richmond has the right to discontinue this arrangement at any time, the supervisors shall make every effort to provide the employee with at least 30 days prior written notice.

Employee Signature

Date

Supervisor Authorization

Describe how performance will be measured under this flexible work schedule.

This arrangement will be most successful if: (list opportunities for enhanced communication and management of work).

If approved, please list below any special conditions or instructions. If denied, please provide an explanation for the denial to the staff member:

Stage of FWA Process	Approve/ Disapprove	Signatures	Start/End Dates
Pilot	A D	Supervisor, Dept Head or Dean:	
		Cabinet Member:	
Implementation	A D	Supervisor, Dept Head or Dean:	
		Cabinet Member:	
Renewal	A D	Supervisor, Dept Head or Dean:	
		Cabinet Member:	

Please send completed forms to URHR via e-mail (URHR@richmond.edu) or campus mail.

Flexplace Agreement

Complete ONLY if requesting a Flexplace Arrangement

This location is: Employee's residence Off-site location

Location if not home address: _____

Terms of Agreement: The duties, responsibilities, and conditions of employment remain unchanged. The employee must comply with all university policies and procedures while working off-site. Salary and benefits remain unchanged and Workers Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by Virginia Workers Compensation law. The employee must report any such work-related injuries to his or her supervisor immediately. The University of Richmond is not responsible for injuries or property damage unrelated to such work activities that might occur in the flexplace setting.

Overtime compensation (for non-exempt staff) and vacation and sick leave will continue to be based on hours paid during the flexplace arrangement according to current policy. Requests to work overtime, declare vacation or take other time off from work must be pre-approved in writing by the employee's supervisor. According to the terms of this agreement, the off-site work schedule is detailed below (For non-exempt staff, this must be in accordance with FLSA guidelines and should include meal breaks). If the employee needs to change his or her schedule, he or she agrees to obtain advance written approval from the supervisor.

The University of Richmond will not reimburse the employee for the cost of off-site related expenses such as heat, water, electricity, and any insurance coverage not provided by the university. Personal tax implications related to the off-site workspace shall be the staff's responsibility.

The employee has responsibility for maintaining the security and confidentiality of university files, data and other information that are in the off-site work place.

Flexplace is not to be regarded as a substitute for ongoing child-care or eldercare. If applicable, the employee will attach a general description of care-giving arrangements that will be in effect during the flexplace work hours. If the employee needs to modify these arrangements, he/she will inform the supervisor and obtain the necessary approvals to continue the flexplace arrangement. The employee is expected to make regular visits to the on-site workplace to review work and progress with supervisors, and to meet with co-workers and customers on the following basis:

I have read and understand the above expectations relating to the flexplace arrangement. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of the opportunity to benefit from a flexplace arrangement.

Supervisor Signature

Date

Employee Signature

Date

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