

Flexible Work Agreement

This document is intended to provide a clear, shared understanding of an employee’s flexible work arrangement. This agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

EMPLOYEE INFORMATION

Employee Name _____

Employee Title _____

Supervisor _____

Unit _____

Unit Head _____

TERM OF FLEXIBLE WORK ARRANGEMENT

Start date _____ End date (up to one year) _____

REGULAR WORK SCHEDULE

Day	Onsite hours		Remote Hours		Work Hours
	Start Time	End Time	Start Time	End Time	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
<i>If applicable</i>					
Saturday					
Sunday					
Total Weekly Work Hours					

PRIMARY REMOTE WORK LOCATION:

City _____ State _____

SPECIFIC EXPECTATIONS RELATED TO THIS FLEXIBLE WORK ARRANGEMENT

Employees with a flexible work arrangement are expected to continue meeting established job performance standards at all times. The general expectation for a flexible work arrangement is that the employee's work status, job duties, and responsibilities will remain unchanged despite flexibility in schedule and/or work location. Any new, modified, or different job expectations related to this flexible work arrangement should be documented here. (Example: Employee is expected to attend monthly team meetings in person even when the meetings are scheduled to occur during a time when the employee would otherwise normally be working remotely.) Also use this section to note any periodic shifts to the regular weekly schedule. Enter N/A if no changes are being made.

ACKNOWLEDGEMENTS

The employee is expected to agree to each statement below.

- I have read and understand the Flexible Work Policy. I understand and agree to all of its provisions.
- I have read and understand the Flexible Work Policy Implementation Guidance for Employees and Supervisors.
- I have read and understand the expectations outlines in this Flexible Work Agreement.
- I attest that the proposed schedule does not interfere with or detract from the delivery of services provided or the day to day operation of my unit.
- I agree that I will be fully available and responsive to constituents, co-workers, and supervisors while working remotely at the days and times listed above. I agree that I will be actively performing work duties and responsibilities and am expected to be reachable by email, web conferencing, instant messaging (e.g., text or Slack), and/or phone during scheduled work hours.
- I will report any schedule adjustments to my supervisor.
- I agree to use and report paid leave following FCI's leave policies and processes.
- I understand that I will be responsible for documenting all time worked and that any overtime, if applicable, must be pre-approved by my supervisor. I agree to record all hours worked.
- I agree to report onsite as necessary when directed to do so by my supervisor to attend in-person meetings, trainings, events, or other activities that the supervisor determines are required based on the operational needs of the unit.
- I will maintain a safe work environment free from hazards.
- I agree to protect FCI-issued equipment, supplies, and information from unauthorized or accidental access, use, modification, destruction or disclosure and will report any breaches immediately.
- I agree to report any work-related injuries immediately.
- I understand that I am responsible for supplying and maintaining internet services in my remote location. I also understand that inconsistent or unreliable internet service may result in revocation of this flexible work arrangement.
- I understand that I will be fully responsible for internet and telephone access and related expenses. FCI is not obligated to provide additional equipment, including furniture, computer hardware, phones, etc. for a remote work location.
- I understand that in the event that I am unable to work remotely due to a technical issue (e.g., temporary loss of home internet access), or the lack of availability of a suitable remote work location, or some other reason that prevents me from effectively working remotely on that day, I will consult with my supervisor.
- I understand that all FCI-owned property, both tangible and intellectual, remains the property of Five Colleges, Incorporated. Upon termination of this agreement or my employment, I agree to return all FCI-issued property, files, and supplies within three (3) days.
- I understand that FCI's Flexible Work Policy prohibits working remotely outside of the Commonwealth of Massachusetts. I attest that remote work will be performed from an authorized location.

By signing this form, the employee, supervisor, unit head, and Director of Operations agree that this arrangement meets the current needs of the employee and the employee's unit, and that this Flexible Work Arrangement does not interfere with or detract from the delivery of services provided or the day to day operation of the unit.

This agreement may be rescinded should these provisions no longer be met. The employee will be expected to return to working onsite when notified to do so.

EMPLOYEE SIGNATURE

DATE

We have concluded that this Flexible Work Agreement is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the arrangements set forth in this agreement.

INITIAL 30-DAY REVIEW WILL OCCUR BY:

DATE

PRE-RENEWAL REVIEW WILL BE OCCUR BY:

DATE

SUPERVISOR APPROVAL

DATE

UNIT HEAD APPROVAL

DATE

DIRECTOR OF OPERATIONS APPROVAL

DATE