

# FLEXIBLE WORK AGREEMENT

Employee Name:

Email:

Phone:

University ID:

Job Title/Classification:

Department:

Supervisor:

Begin Date:

End Date (if applicable):

Ongoing

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## TYPE OF FLEXIBLE WORK\*

Flexible Schedule

Job Sharing

Reduced Hours/Part-Time

Compressed Work Week

\*Please use separate Remote Work (Telecommuting) Agreement form for employees who will work remotely.

## 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
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

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 DETAILS**

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. 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, this Flexible Work Agreement, and agree to abide by all requirements therein.**

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.*

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>
- Flexible Work Arrangements Guidance & Procedures- <https://hr.uoregon.edu/employee-labor-relations/policies-guidance-reporting/flexible-work-arrangements-policy-and-guidance>
- Flexible Work FAQs- <https://hr.uoregon.edu/employee-labor-relations/policies-guidance-reporting/flexible-arrangements-policy-guide/faq-flexible>