

Flexible Work Arrangement Agreement

This document is intended to ensure that both the supervisor and employee have a clear, shared understanding of the employee's flexible work arrangement. Each flexible work arrangement is unique depending on the needs of the position, supervisor, and employee. This template can be adapted to department requirements as necessary.

This Flexible Work Arrangement 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.

Prior to establishing the Flexible Work Arrangement Agreement, employees are required to review the Flexible Work Arrangement Policy, as well as familiarize themselves with the following University Policies:

- [Flexible Work Arrangement Policy](#)
- [No:ISO:2013:01 Acceptable Use Policy](#)
- [No:OED:2011:03 Disruptive Behavior and Workplace Violence Policy](#)

Additional resources include, but are not limited to:

- [Human Resources Guidance for Effective Telework](#)
- [Human Resources guide: Ergonomically working from home](#)
- [Human Resources Manager's Toolkit](#)

Flexible Work Arrangement Request

<input type="checkbox"/> NEW request	<input type="checkbox"/> Renewal or extension request
<input type="checkbox"/> Change request	<input type="checkbox"/> Terminate participation

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	<input type="checkbox"/> Y <input type="checkbox"/> N
Supervisor has discussed with the employee what job duties are to be performed remotely and planned for any duties that must be performed on site	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee has appropriate remote space, equipment, and telephone and internet access.	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee can ensure that remote work will not create an information security risk	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee has demonstrated basic necessary job performance	<input type="checkbox"/> Y <input type="checkbox"/> N
Supervisor can provide adequate supervision and accountability for the remote work	<input type="checkbox"/> Y <input type="checkbox"/> N

Section III – Safety Checklist

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

Temperature, ventilation, lighting, and noise levels are adequate for maintaining a work location	<input type="checkbox"/> Y <input type="checkbox"/> N
Electrical equipment is free of recognized hazards that could cause physical harm and electrical system allows for grounding of electrical equipment	<input type="checkbox"/> Y <input type="checkbox"/> N
Remote workplace is free of any obstructions that could restrict visibility and movement	<input type="checkbox"/> Y <input type="checkbox"/> N

Job Duties

The general expectation for a flexible work arrangement, and particularly telecommuting, is that the employee will effectively accomplish their regular job duties, regardless of specific hours or work location, unless otherwise indicated below. Employee will notify their supervisor immediately if their alternate workplace location changes and they are no longer able to fulfill their duties as expected.

Work Schedule and Location(s)

Day of Week	Work Hours	Remote/In-Person	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Rotating Remote Work Schedule

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 back-up, response time, deliverables, meeting schedules.

Equipment and Technology Access

In accordance with IRT policy, rowan issued desktops, printers and scanners must remain on campus. IRT is not responsible for assisting in the setup of monitors, keyboards and mice that are taken home. Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, please contact the Rowan Technology Support Center to troubleshoot accordingly. If the issue cannot be resolved, the employee must notify their supervisor immediately to discuss alternate assignments or other options that could include reporting for in-person work.

What Rowan-owned technology will be used at the telework location?

*If Rowan-owned equipment will be utilized off-campus, a copy of this form must be sent to IRT by emailing support@rowan.edu

Additional Details

**Use this section to capture any details or information agreed to between supervisor and employee, which may not be covered in other sections of the Agreement.*

Curtailement of the Arrangement

The employee may terminate participation in the Flexible Work Arrangement Program. The university reserves the right to terminate or adjust the Flexible Work Arrangement or workplace schedule at any time in accordance with collective bargaining agreements. The employee agrees to limit performance of officially assigned duties to the official work location or to the approved remote work location. Failure to comply with this provision may result in termination of the Flexible Work Arrangement and/or other appropriate disciplinary action.

Policy and Procedure Acknowledgment

I have read and understand the Flexible Work Arrangement Policy, and agree to the duties, obligations, responsibilities and condition set forth therein.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Dean or Division Leader: _____

Date: _____

Please forward completed form to Human Resources hr@rowan.edu for final review and processing. Changes must also be submitted to Human Resources.

Approved Denied

Human Resources

Date