

Flexible Work Arrangement Agreement Form

Instructions

- 1. Details of this arrangement should be attached to this document.
- 2. The staff member and the supervisor should each retain a copy of this agreement and details attached.
- 3. The supervisor should forward a signed copy of this agreement to Human Resources.
- 4. The supervisor should schedule periodic reviews with the staff member to evaluate effectiveness of agreement and a final annual review date.



Flexible Work Arrangement Agreement Form

Wright State University
Human Resources
Updated 12/7/2021

(Please complete all fields)

Effective Dat	e:	Agreem	ent Review Date:		
Staff Name:_			JID:		
Email Address:		Phone:			
College/Division:		Job Title:			
Classification	on:				
Classified Non-Bargaining Unit		Classified Bargaining Unit			
Unclassified Hourly		Unclassified Salary			
Arrangemen	nt: (check all that apply))			
Flex Hours (i.e., 9am-6pm)		Compressed Wor	Compressed Work Week (i.e., four (4) days ten (10) hours)		
Flexplace (i	.e., in a remote location)				
	# of hours working at WSU location	# of hours working at secondary work location	Please provide any addition and justification for this		
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday Total Hours					
WSU Primary	Work Location:				
Address:					
City:		State:	_ Zip:		
County:					
-	<i>'ork Location:</i> If applicab				
Address:					
City:		State:	_ Zip:		
County:					

have read and understand the Flexible Work Arrangement Policy and have designated my primary work location for tax purposes. understand that the continuation of a flexible work arrangement is not guaranteed and that the business needs of the operation take precedent. I understand that any changes to my performance as well as any failure to adhere to the expectations set by my supervisor may result in termination of this flexible work arrangement agreement. I further acknowledge that while working under a flexible work arrangement, I continue to be responsible for following all WSU policies. Failure to comply with all WSU policies may have an adverse effect on my employment, and could result in disciplinary action, up to and including termination.					
Staff Member	Date	Supervisor	Date		
Dean of College	 Date	VP/Functional Divisional Leader	 Date		

Date

Received in HR