

## **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

(Please complete all fields)

Effective Date: \_\_\_\_\_ Agreement Review Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ UID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

College/Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Classification:**

Classified Non-Bargaining Unit

Classified Bargaining Unit

Unclassified Hourly

Unclassified Salary

**Arrangement:** (check all that apply)

Flex Hours (i.e., 9am-6pm)

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 additional expectations and justification for this agreement
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Total Hours</b>			

**WSU Primary Work Location:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Secondary Work Location:** If applicable

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

