

MUSKINGUM

U N I V E R S I T Y

Flexible Work Arrangements Request Form and Agreement

This Flexible Work Arrangements Request Form and Agreement is to be completed by employees who are classified as administrators, administrators with faculty status, or support staff and who request use of Flexible Work Arrangements in accordance with the Flexible Work Arrangements Policy. This document will have no effect unless and until all signatures have been obtained and a final copy placed in the employee's personnel file.

Employee's Name: _____

Requesting: Compressed schedule Flexible Schedule Hybrid Schedule

Starting: _____

Concluding: _____ or indefinite until modified/rescinded

A **work schedule** is to be discussed, agreed upon, and documented below. The schedule must support the University's needs and reflect the department's and employee's workflow. Employees must be available during the listed hours via phone, email, and/or video conference. Except for occasional exceptions, changes to the schedule must be processed on a new Flexible Work Arrangements Request Form and Agreement.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
On Campus							
Off Campus							
Additional Notes:							

Acknowledgements	
<input type="checkbox"/> I agree	I will comply with the University's use of technology and security policies. I will ensure strict confidentiality and control of any and all confidential and sensitive information. I will ensure that confidential and sensitive information in paper form is stored in a locked desk or file cabinet. I will not transfer proprietary or sensitive University information to a personal device.
<input type="checkbox"/> I agree	I will ensure proper care and storage of all University-issued property and equipment, which was issued for my professional use and will be returned in good, working order

	upon my separation from employment or the conclusion of my Flexible Work Arrangements.
<input type="checkbox"/> I agree	I will be available for contact during the work hours established under this Flexible Work Arrangement and will notify my supervisor if I am unavailable.
<input type="checkbox"/> I agree	Flexible Work Arrangements do not alter my position duties or responsibilities. I will be responsible for completing all work in a timely and satisfactory manner and will produce evidence of work performed or objective met as requested by my supervisor.
<input type="checkbox"/> I agree	I understand that I remain responsible for my compliance with all University policies and procedures.
<input type="checkbox"/> I agree	I understand that there may be occasions where I may be required to be physically present on campus to perform work.
<input type="checkbox"/> I agree	I have read the University's Flexible Work Arrangements Policy and will abide by its terms and any terms outlined in this Flexible Work Arrangements Request Form and Agreement. I understand that changes may not be made to this Agreement without prior approval of my supervisor.
<input type="checkbox"/> I agree	I understand that when performing work under a hybrid or fully remote schedule, I cannot also provide child or other dependent care.
<input type="checkbox"/> I agree	I will not use a hybrid or fully remote schedule for the purposes of having another job or doing work for another employer during my established working hours under this Agreement.
<input type="checkbox"/> I agree	I will notify Human Resources immediately if I have an accident or am injured during established work hours and in conjunction with my University work.
<input type="checkbox"/> I agree	I understand that this Flexible Work Arrangements Request Form and Agreement does not alter the terms of my employment, which were established in my appointment letter and/or job description.
<input type="checkbox"/> I agree	I will notify my supervisor under appropriate leave policies and will use leave time while under this Flexible Work Arrangement.
<input type="checkbox"/> I agree	If I am a non-exempt employee, I understand that I may not work overtime unless prior approval has been obtained from my supervisor.

Employee's Signature and Date

Supervisor's Signature and Date

Area Director's Signature and Date (if applicable)

Approved **Denied**

SLT Member's Signature and Date

Approved **Denied**

AVP-HRRM's Signature and Date