# Flexible Schedule/Telework Plan and Agreement

A flexible work arrangement is one where the employee has flexible work hours, a hybrid work schedule (working both on-site and remotely on a regular basis) or is primarily working remotely. The University worksite remains the official work location of the employee if the employee works primarily on-site (50% or more of their regularly scheduled workweek). Employees who are working off-site more than 50% of their regularly scheduled workweek will not be guaranteed a dedicated workspace on-site and may be working in shared space when reporting to an on-site location. This Agreement is intended to document flexible work arrangements and ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s flexible work schedule and/or teleworking arrangement. Each arrangement is unique and depends on the needs of the position, supervisor, and employee. In defining a flexible work arrangement, the employee and supervisor are expected to evaluate the costs and benefits of flexible work schedules and/or telework, identify work expectations, and clearly communicate how expectations will be met. A signed, approved copy of this Agreement is required for any regular teleworking arrangement, regardless of the percentage of time an employee is teleworking. This Agreement is also provided as an option for supervisors to document flexible work schedules approved within their division/department.

This Agreement may be terminated by the division/department or Human Resources at any time. It does not alter or supersede the terms of the existing employment relationship. Approval for any teleworking arrangement lasting longer than 30 days must be approved by the Provost/Dean/Vice Chancellor and by the Associate Vice Chancellor for Human Resources. Human Resources reserves the right to deny teleworking arrangements.

## Employee information:

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee ID: |  |
| Job Title: |  |
| Position Designation (check **all** that apply): | SHRA  FLSA Exempt  Permanent  EHRA  FLSA Non-Exempt  Temporary |
| Division and Department: |  |
| Supervisor: |  |
| Flexible work arrangement:  To determine percentage, divide the number of hours working remotely by the number of total weekly hours. Example: 10/40 = .25 or 25% remote | Hybrid - Employee will be working remotely       % of the time.  Remote – Employee will be working remotely 100% of the time.  Flexible work hours AND hybrid or remote.  Not Applicable – Documenting flexible work hours only. |
| Mailing address where telework will be performed: |  |
| Requested flexible work schedule/teleworking arrangement effective dates: | Prospective start date  End date       (reviewed annually at a minimum) |
| Division/Department contact person, phone and email: |  |

## Work schedule and location:

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Work Hours (indicate actual time working each day at each location: e.g., 7:30 a.m. to 4:30 p.m.)** | **Work Location**  **(e.g., campus, Kernersville)** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Total Scheduled Hours |  |  |

## Occasional:

|  |  |
| --- | --- |
| **Explanation of potential occasional flexible work schedule /teleworking circumstances** |  |

## Justification for Agreement:

|  |  |
| --- | --- |
| **Explanation of business reason(s) for flexible work schedule/teleworking arrangement** |  |

## Expectations:

The general expectation is that the employee will effectively accomplish all of their regular job duties, based on the business needs of the University, regardless of work location or work schedule.

I, as an employee, agree:

* To be available and responsive during scheduled work hours.
* My duties, obligations, and responsibilities as a teleworking employee are the same as on-site workers, including my obligation to respond to my voicemail, email and other messages in a timely manner.
* While teleworking, I will work at the above-listed location(s) during my teleworking hours, unless I have received prior approval to temporarily work elsewhere.
* That any time off or overtime must be prearranged according to division/department guidelines and consistent with the rules applicable to my employment.
* To return to campus within a reasonable time period upon request of my supervisor or if the business needs of the University require my on-site presence.
* That this Agreement will be reviewed on an ongoing basis (no less than annually) and to submit a new agreement should any of the details documented in this Agreement change (other than insignificant changes not affecting the work location, available hours, expectations, or other material changes to the provisions of this Agreement).
* Specific expectations for the employee’s flexible work arrangement should be summarized in the following table. Additional rows may be added as needed.

|  |  |  |
| --- | --- | --- |
| Expectations | Supervisor’s comments and expectations | Employee’s comments and expectations |
| Communication with clients/ students/stakeholders, team, and manager. |  |  |
| Events or activities which require in-person attendance. Detail any notice requirements and travel expense coverage (if applicable). Note: Employee’s teleworking will not receive travel reimbursement when commuting to an on-campus worksite. |  |  |
| Other (attach additional documents as needed): |  |  |

## Equipment and technology access:

The employee and supervisor agree to work together to ensure that the employee’s off-campus telework site is safe, productive, and ergonomically suitable. In a teleworking arrangement, the employee and division/department shall work together to determine whether the division/department will issue new or additional equipment necessary to perform the job, or if an employee already has the required equipment. Teleworking arrangements do not typically result in the duplication of office equipment. The listing provided below is not meant to imply that the University will provide all equipment described but to help divisions/departments properly inventory equipment used by the employee. In most cases, employees will be required to provide their own workstations (desk, chair, etc.).

Specify below any equipment or technology the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify their supervisor immediately to discuss alternate assignments or other options. Enter N/A if the item is not used. For security purposes, all University work should be completed on a University owned computer/laptop.

Items provided by the University, including items purchased by the employee and reimbursed by the University, remain the property of the University and may only be used for University business. University property must meet the expectations for information security, be properly secured, and returned to the University at the end of the teleworking arrangement.

## Teleworking Equipment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **University Owner** | **Serial Number (if applicable)** | **Notes** *(f UNCG providing indicate “UNCG” here)* |
| Laptop/Computer |  |  |  |
| Docking station |  |  |  |
| Printer |  |  |  |
| Mouse |  |  |  |
| Keyboard |  |  |  |
| Monitor(s) |  |  |  |
| Web cam |  |  |  |
| Headset/microphone |  |  |  |
| Office supplies |  |  |  |
| Other (e.g., cords, cables, etc.) |  |  |  |

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## Additional details – Attach additional pages/documents if needed:

|  |
| --- |
|  |

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## Policies and procedures acknowledgement (required by supervisor and employee):

|  |  |  |
| --- | --- | --- |
| **Policy/Procedure** | Employee  initials | Supervisor  initials |
| I have read and understand the University’s Policy on Flexible Work and Teleworking Arrangements and Procedures Supplemental to University Policy on Flexible Work and Teleworking Arrangements and any division/department flexible work arrangement/telework policies. |  |  |
| I understand that I am required to comply with all timekeeping and overtime regulations defined by state or federal law (e.g., the Fair Labor Standards Act, and University policy). |  |  |
| I understand that work-related injuries at an off-campus telework site during agreed-upon working hours may be covered by Workers’ Compensation. Employee is required to report any work-related injury to their supervisor immediately and an accident report as an internal record of the incident is required to be filled out within 24 hours of the event or claim. Employee has reviewed the [Working from Home Ergonomics Guide](https://safety.uncg.edu/resources/workplace-safety/) and agrees to allow University staff inspect their off-campus telework site if needed. |  |  |
| I agree to maintain the confidentiality of all University information and documents and prevent unauthorized access to any University system or information in accordance with University and State data and technology use policies. |  |  |
| I agree to follow secure computing practices including, but not limited to :   1. [Information Security](https://policy.uncg.edu/university-policies/information_security/) 2. [Data Classification](https://policy.uncg.edu/university-policies/data/) 3. [Computing Supported Products (Standards for Computer and Related Technology)](https://policy.uncg.edu/university-policies/technology_standards/) 4. [Electronic Records Retention](https://policy.uncg.edu/university-policies/electronic_records/) |  |  |
| Employee has taken the following required training (available on Percipio): [Contributing as a Virtual Team Member](https://uncg.percipio.com/courses/a823d5f0-802b-11e8-8305-21229c9dd428/videos/c1d79400-802b-11e8-8305-21229c9dd428) - Employee Training (for employees) |  |  |
| Supervisor has taken the following required training (available on Percipio): [Establishing Effective Virtual Teams](https://uncg.percipio.com/courses/9f297990-9e05-11e7-b36b-e758691dfee8/videos/d1f57900-9e05-11e7-981c-e6485196e111) - Supervisor Training (for supervisors) |  |  |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to ensure that the employee named herein is provided with the resources, training, equipment and supplies necessary for effective telework. I agree that I have thoughtfully considered how to successfully onboard, integrate and engage the teleworking employee named herein into our division/department and the University’s teams, culture and opportunities.**

Supervisor(s) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost/Dean/Vice Chancellor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVC for Human Resources signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Agreements documenting flexible work schedules only with no teleworking may be approved by the supervisor and do not require Provost/Dean/Vice Chancellor or Associate Vice Chancellor for Human Resources approval**.

**Email completed form to avchr@uncg.edu.**