

# Create New Flexible Work Arrangement

## Before You Begin

If you are initiating a telework agreement or flexible work arrangement <u>due</u> to a medical condition, please contact ADA and Accessibility Services at <u>adaaccess@vt.edu</u> or <u>540-231-2010</u>.

To be completed by employee and approved by supervisor. Please keep a copy of the agreement in employee's file.

\*Note: All fields are required unless otherwise specified.

# **Employee Information**

Name	Employee VT ID
Email	Telephone (Home/Work)
Organization	
Emergency Position	Essential Position
Overtime Exempt	

Arrangement Type Are you wanting to proceed with an Alternate Work Schedule arrangement, Telework Agreement, or both?

### Schedule

O ALTERNATE WORK SCHEDULE

Variation from the employee's standard start/stop work hours or a revised schedule that compresses the work week

#### TELEWORK AGREEMENT

Arrangement providing for employee to work from alternate location on a consistent or occasional basis.

### COMBINED FLEXIBILITY / BOTH

Plan for employee to assume an alternate work schedule and pursue some form of telework.

into fewer days while maintaining total	
hours of a traditional work week (most	
commonly 40 hours).	

### General Flexible Work Schedule Agreement

Beginning Date

The employee has reviewed and agrees to follow University Policy No. 4300: Hours of Work.

The employee has reviewed, and agrees to follow <u>University Policy No. 4325: Alternate Work Site and Telework Policy.</u>

The department concurs with employee participation and agrees to follow applicable guidelines and policies.

Telework is not designed to be a substitute for active dependent care; however, exceptions can be granted under exceptional circumstances. Under such conditions, employees are encouraged to work with their supervisor to develop a work schedule to accommodate dependent care needs while remaining productive with work responsibilities.

The employee or the department may end participation in the flexible work schedule agreement at any time, unless it is a condition of employment. Two weeks' notice prior to the end of the agreement will be given whenever possible.

The employee and supervisor agree to participate in a flexible work schedule for an initial period not to exceed six months. At six months agreements can be reviewed and renewed for up to one year.

**Review Date** 

NOTE: Supervisor and employee must review initial agreements after six-month period, then renew. If this is a renewal, it is recommended that the review date be one year from beginning date. If schedule is not meeting needs of the department or employee, agreement can be reworked or terminated at any time.					
Business Rationale					
	ed with this arrangement. Examples may include, but are not limited to, increased productivity, er service, improved employee morale, more efficient use of space or equipment, enhanced				
Work Location(s)					
Primary					
Address Type					
	<b>\$</b>				
Country					
Street address					
City	State				
	- V				
Zip code					

	Monday
	Tuesday
	Wednesday
	Thursday
	Friday
	Saturday
	Sunday Phone Number for this Location
itional	
erred P	Phone Number for this Location  Comments

 $\label{thm:chedule-type-dependence} Schedule\ Type \ Depending\ on\ the\ employee's\ work\ arrangement\ and\ hours\ spent\ per\ location.$ 

#### Schedule

FULL TELEWORK

Employee works entire work schedule
from alternate work location; may report
to workplace for occasional
meetings/events though these are likely
infrequent.

#### HYBRID TELEWORK

Employee works from alternate work location more than 32 hours per month; the frequency of remote work is generally consistent and abides by schedule prescribed in this agreement.

### SPORADIC TELEWORK

Employee works less than 32 hours per month from alternate work location without any set consistency; need to telework is limited and variable.

### Safety

Virginia Tech does not assume responsibility for injury to any persons other than the teleworker arising out of duties at the telework site during the set work hours. Employee is covered by the Commonwealth's Workers' Compensation Program if injured while performing official duties at the central workplace or an alternate work location and must immediately notify the supervisor of an injury sustained at a telework site and complete an <a href="Employer's Accident Report">Employer's Accident Report</a>.

# Confidentiality/Security of Information

The employee and supervisor will follow university approved data security procedures at the alternate worksite, and will comply with the privacy requirements set forth in state law and the following Virginia Tech policies:

specifying wh	hich files can be removed from the of	fice.		
Describe a	any department owned or leased equip	pment which has been	n issued to the employee.	
				10
Fair Labor S	Standards Act			
	·		ositions be compensated at a time and a half hourly rate for all ho Fech work week is normally Friday at midnight to the following Frid	
the department information in employees slaupervisors subject using the Lea	ent has an alternate solution in place in the Leave and Time Worked System hould request approval of overtime w should only authorize overtime in excave and Hours Worked Report (form Policy 4320: Guidelines for the Fair Lab	to record hours worken. Wage employees record within a reasonable septional instances of a page 2128). For more information	g the Leave and Time Worked Reporting System in Hokie Spa, unleded (such as TimeClock Plus) and a method to populate the cord hours worked in the TimeClock Plus System. Non-exempt le amount of time prior to the expected date of overtime work. an emergency or temporary nature. All work hours must be tracked attion, refer to University Policy No. 4300: Hours of Work and	
	expectations of my role. I understand due to changes in the work enviro have also reviewed <u>University Poli</u>	and this agreement ca nment, shifts in busine cy No. 4325: Alternate	ctations with my manager and we have agreed on an be updated and / or terminated at any point in time less needs, and/or conflicting performance issues. I work Site and Telework Policy, and I concur with the sof Work, and I concur with the terms.	
Supervis	sor's Name		Supervisor's VT Username	
	permanently change supervisor informa he previous fields to correct supervisor i	· ·		

Any permission to use restricted access materials at an alternate site must be approved and included as an attachment with this agreement,

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