

FLEXIBLE WORK AGREEMENT

Agreement Parties

This agreement is between Central State University
and Name of Employee: _____

This Agreement is effective from (dates): _____ to _____

Employee Information

Last Name: _____ First Name: _____ Middle Initial: _____

CSU I.D. #: _____

Off-Campus Work Site Street Address: _____

City: _____ State: _____ Zip Code: _____

Position Title: _____

Department Name: _____

Direct Supervisor: _____

Reason for Agreement:

Type of Flexible Work Schedule (Check One):

Rotational

Remote

Staggered

Compressed

Off-Campus Worksite Information

Work Schedule Information

Address: _____

_____ Cell Phone Number: _____

Day of Week	Work Hours	On-Campus	Off-Campus
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

University Equipment: Central State University agrees it will provide and maintain the following equipment to facilitate this agreement:

Equipment Type (& ID)	Description/Function

Agreement Stipulations

1. My total number of work days will not change.
2. There may be times when I will be requested to come to the campus on a day that I might have planned to spend at the off-campus work site. My supervisor will try to minimize these unplanned office visits, but I

recognize the need for them and will come in when requested. Similarly, there may be weeks when I must spend more time than planned on the campus when the nature of the workload requires it. I will be responsible to come into the office on campus as requested during these times.

3. I understand there shall be no additional pay, nor shall mileage be paid for transportation between my remote site and the University.
4. The duties, obligations, responsibilities, and conditions of my employment with the University remain unchanged. My salary and benefits (retirement, vacation, sick leave benefits, and insurance coverage) shall remain the same.
5. Work hours, use of sick leave, and approval for use of vacation will conform to university policies and procedures, departmental guidelines, and to the terms otherwise agreed upon by my supervisor and me.
6. I agree to seek advance approval from my supervisor to use sick leave, vacation leave, time off, or any other form of leave.
7. I agree that I will not be the primary care provider for any dependent during my work hours and I will make regular dependent care arrangements during telecommuting periods.
8. I agree to maintain a safe and secure work environment. Upon reasonable notice, I agree to allow the University access to assess safety and security.
9. I agree to indemnify and hold the University harmless for injury to myself or others at the off-campus work site.
10. I understand that my personal vehicle will not be used for university business unless specifically authorized by my supervisor.
11. I agree to use University-owned equipment, records, and materials for the purpose of university business only, and to protect them against unauthorized or accidental access, use, modification, destruction, or disclosure. I agree to report to the supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity. In the event of loss, misuse, or theft of this equipment, the Employee agrees to contact their local law enforcement and immediately report (no later than 24 hours) to their supervisor. In the event the loss is after hours, the employee must immediately contact Marauder IT Services at (937) 376-6476.
12. I agree not to download any University data or information onto my personal computer or any computer provided by the University in my possession. I agree to save my work on the University's server system.
13. I understand that all equipment, records, and materials provided by the University shall remain the property of the University.
14. Employee agrees to return this property to the supervisor and/or manager no later than the close of business on the last day of employment with the University, or sooner as directed. All equipment supplied by the University will be inventoried and accounted for by informing Inventory Control. All equipment will be returned in a useable condition, or the replacement value of the equipment may be deducted from the employee's last paycheck. Signing this agreement authorizes the University to deduct from your last paycheck, if necessary.

15. Tax and other legal implications for the business use of my home are based on IRS and state and local government restrictions. I am responsible for tax consequences and other legal implications that may occur including local zoning regulations.
16. I understand that all office equipment and supplies used off-site will be documented and pre-approved by my supervisor in the Flexible Work Agreement or other written communication and that I will not be reimbursed for any other equipment or supplies.
17. I understand that all obligations, responsibilities, terms, and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.
18. I agree to be available during the assigned business hours as stipulated in this agreement.
19. I understand that any change in this schedule requires advance approval by my supervisor.

Amendment

These terms and conditions may be modified, amended, or terminated at any time by written notification from the Vice President as necessary to ensure the operating needs of the University are met.

Disclaimer

Nothing contained in these terms and conditions conveys nor is it intended to convey upon Employee a contract of employment.

I have read and understand the Flexible Work Policy. I understand that I must comply with the policies and procedures of the University as well as federal, state, and local laws and regulations as necessary.

I further understand that confidentiality and security of University information are paramount and I will ensure that the confidentiality of information is safeguarded in accordance with federal, state, and local policies and procedures.

I further understand that participation in the flexible work policy is not an employee right, and the University may discontinue the program and/or my participation in the program at any time. The revocation or denial of a request for a flexible work schedule is not subject to any grievance procedure or legal action. Employee agrees to indemnify and hold the University harmless for any legal fees incurred as the result of any legal action.

The University reserves the right to cancel or modify this agreement at any time.

I hereby affirm by my signature that I have read the Flexible Work Policy and understand and agree to all of its provisions.

Employee Signature: _____

Date: _____

Supervisor: _____

Date: _____

Vice President/Provost: _____

Date: _____

Director of Human Resources: _____

Date: _____