

Flexible Work Agreement

Employee Name: _____ FLSA Status: Non-Exempt/Hourly _____ Exempt _____

Position Title: _____ Department: _____

Request: On Going Arrangement _____ Temporary Arrangement _____

Why are you requesting a proposed change? _____

Describe your plan for meeting the job responsibilities. Attach an additional sheet if necessary. _____

Acknowledgement:

I have read and understand the Flexible Work Arrangement – Working from Home document, which states that this agreement can end or change for a number of reasons such as staffing changes, operational changes, leadership changes, employee performance, etc. I understand that it is my responsibility to keep close communication with my supervisor regarding my work progress in order for this arrangement to be success.

I understand if I am a staff employee, my employment will remain on an “at will” employment basis. My salary and benefits will remain the same. An hourly paid employee cannot work overtime without prior approval from their supervisor. Employees are expected to maintain their home workspace in a safe manner, free from safety hazards. The employee must report any work-related injuries that arise out of and in the course of their employment, as defined by Virginia Workers Compensation law, to their supervisor immediately, as if they were on campus. The College is not responsible for injuries or property damage unrelated to work activities that might occur in the home during the flexible work arrangement period.

I have also read and understand the Randolph College Information Technology Take-Home Equipment policy, located on the College’s Portal under “My Links.” Randolph College will not reimburse the employee for the cost of any off-site related expenses such as heat, water, electricity, any insurance, etc. not provided by the College. The employee has the responsibility of maintaining their work and related materials in a confidential secure place. If the College agrees to reimburse an expense, such as cell phone, it will be in writing in a separate document.

Employee Signature

Date

Supervisor Signature Recommending Approval

Date

President Signature Acknowledging Approval

Date

Arrangement Start date: _____

End date: _____

HR: \FWA Form

Revised March 15, 2020