

EMPLOYEE FLEXWORK AGREEMENT FORM

EMPLOYEE NAME (Last, First, M.I.)	FLEXWORK START DATE _____ / _____ / _____	FLEXWORK END DATE ____ / ____ / ____ or <input type="checkbox"/> indefinite
EMPLOYEE ID #	DEPARTMENT	POSITION/TITLE
TYPE OF FLEXWORK ARRANGEMENT:	<input type="checkbox"/> Flexible start/end times (please list your start and finish times) Start time _____ a.m./p.m. Finish time _____ a.m./p.m. <input type="checkbox"/> Compressed work week (please circle which type you have) 9/80 4/10 Which day is your "flex" day? M T W TH F <input type="checkbox"/> Telecommuting – (please circle which day(s) you will telecommute) M T W TH F <input type="checkbox"/> Other (Please describe) _____	
If you are initiating a flexwork arrangement NOT involving telecommuting, skip the following section and please sign on page 3.		
THE FOLLOWING FIELDS ARE ONLY REQUIRED FOR EMPLOYEES REQUESTING A TELECOMMUTING ARRANGEMENT:		
TELECOMMUTING SITE:	Address _____ City: _____ State: _____ Zip: _____	
HAVE YOU READ AND FOLLOWED THE ERGONOMIC & HOME SAFETY GUIDELINES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
METHODS OF COMMUNICATION ON TELECOMMUTING DAYS:	<input type="checkbox"/> Phone: _____ Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> E-mail address: _____ <input type="checkbox"/> Pager: _____	
SYSTEM ACCESS	<input type="checkbox"/> E-mail <input type="checkbox"/> Database <input type="checkbox"/> Virtual Private Network (VPN) <input type="checkbox"/> Other _____	
METHOD FOR RECORDING WORK TIME (non exempt employees)	<input type="checkbox"/> E-Mail notes to supervisor <input type="checkbox"/> Other (explain) _____	

DUTIES & ASSIGNMENTS TO BE PERFORMED AT ALTERNATE WORK SITE:	<hr/> <hr/> <hr/> <hr/> <hr/>
---	-------------------------------

METHODS OF EVALUATING PERFORMANCE:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

EQUIPMENT & SUPPLIES:	Type	Supplied by Department	Supplied by Employee	Not Needed	
	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	List software: _____				

	Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DSL/Cable/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Add'l Phone Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockable File Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voice mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List office supplies					

