

EMPLOYEE FLEX SCHEDULE AGREEMENT FORM

EMPLOYEE NAME (Last, First, M.I.)		FLEX SCHEDULE START DATE ____/____/____	FLEX SCHEDULE END DATE ____/____/____ or <input type="checkbox"/> Indefinite
DEPARTMENT/DIVISION/EMPLOYEE ID NUMBER		POSITION/TITLE	
TYPE OF FLEX SCHEDULE: Compressed Workweek Flexible Hours Telework Alternative Arrangement (Please Describe)	SCHEDULE <input checked="" type="checkbox"/> 4/10 <input checked="" type="checkbox"/> 9/80 <input type="checkbox"/> Other Non-Work Day: M T W Th F Start-time _____ Finish-time _____ Flex-Day(s): M T W Th F Telework Day(s): M T W Th F _____ _____		
FLEX SCHEDULE SITE:	Address: _____ City: _____ State: ____ Zip: _____		
DEPARTMENT DATABASE, SYSTEM AND E-MAIL ACCESS:	<input type="checkbox"/> E-mail Access <input type="checkbox"/> Virtual Private Network, (VPN) <input type="checkbox"/> Database Access <input type="checkbox"/> Other: _____		
PLEASE NOTE: The following fields are only required for <u>telework</u> programs			
METHODS FOR EVALUATING PERFORMANCE:	_____ _____ _____ _____		
DUTIES & ASSIGNMENTS TO BE PERFORMED AT ALTERNATE WORK SITE:	_____ _____ _____		
METHODS OF COMMUNICATION, TELEWORK MEETINGS: When on a flex schedule, the employee can be reached through these methods	Phone: _____ <i>Is this a cell phone?</i> ____ Yes ____ No E-mail address: _____ Pager: _____		
Is a weekly meeting required for participation? ____ Yes ____ No	Day: _____ Time: _____ am/pm With: _____		

EQUIPMENT & SUPPLIES: <i>(Please note who will supply and list the specific types)</i>	Type	Supplied by Department	Supplied by Employee	Not Needed
	Computer	_____	_____	_____
	Specify Laptop or Desktop	_____	_____	_____
	Software	_____	_____	_____
	<i>List Software:</i>	_____	_____	_____
		_____	_____	_____
	Printer	_____	_____	_____
	Modem	_____	_____	_____
	DSL/Cable/Other	_____	_____	_____
	Additional Phone Line	_____	_____	_____
	Desk	_____	_____	_____
	Lockable Filing Cabinet	_____	_____	_____
	Other Office Equipment	_____	_____	_____
	<i>List Office Equipment:</i>	_____	_____	_____
		_____	_____	_____
	Cell Phone	_____	_____	_____
	Voice Mail	_____	_____	_____
	Printing Supplies	_____	_____	_____
	Other Office Supplies	_____	_____	_____
	<i>List Office Supplies:</i>	_____	_____	_____
		_____	_____	_____
TECHNICAL SUPPORT:	Who is responsible for setting up the employee's technology and systems?			
	Circle one: Department Employee			
	Describe Process: _____			

	Who is responsible for supporting the employee's computer?			
	Circle one: Department Employee			
	Describe Process: _____			

Flex Schedule Signature Page

The employee requesting a flex schedule program of any type must sign and obtain the required signatures of his/her supervisor/manager and his/her department head/designee.

I hereby affirm my signature that I have read this Flex Schedule Agreement, and understand and agree to all of its provisions.

_____	_____
Employee	Date
_____	_____
Supervisor/Manager	Date
_____	_____
Department Head/Designee	Date