



Staff Position Flexible Work Arrangements Form

General Information

Date of Request:			
Employee name:			
M#:			
Job Title:			
Department:			
Phone #			
Supervisor Name:			
Flexible work requested dates:	Start Date:	End Date:	(Flexible work arrangements will have a set period of one year)

Proposed Work Schedule

Employees may be expected to work and be available during certain core hours. Additional work time outside of core hours may be flexible. Non-exempt staff must adhere to time reporting and overtime policies. **Department Core Hours:** _____

Day	Start Time	End Time	Location
Saturday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Sunday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Monday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Tuesday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Wednesday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Thursday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location
Friday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> onsite <input type="checkbox"/> alternate location

If an alternate work location is being requested, please provide the location and address (including city and state) where the work will be performed.	
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Employee Responsibilities (please check each)

I have read and understand the University's Flexible Work Arrangements policy.

I understand that this Flexible Work Arrangement can be canceled or adjusted at any time, for any reason or for no reason.

I agree to fulfill my job duties competently, in a timely manner, and in accordance with the expectations for my position, as I would be regardless of this Flexible Work Arrangement.

I agree to maintain effective and timely communication with my supervisor, co-workers, and/or students such as is necessary and in accordance with my job duties.

I agree to establish and maintain a dedicated workspace conducive to productive work including providing reliable and secure internet and phone accessibility, as well as, maintaining safe work conditions prior to beginning any Flexible Work Arrangement (if applicable).

I agree to maintain accurate time reporting.

I agree to obtain supervisor approval prior to utilizing leave and report leave hours in accordance with University policy.

I understand that the an alternate work location is not designed for, or intended to be used as, a substitute for in-home or other types of dependent care (if applicable).

I agree to obtain prior management approval for overtime (if applicable).

I agree to abide by the Murray State Information Technology Policies while working at a flexplace location.

I agree to comply with all safety policies and procedures, including immediately reporting injuries sustained during working hours to my supervisor and/or Human Resources.

I understand that I am liable for any injuries sustained by visitors to my alternate work location, including work locations established pursuant to this Flexible Work Arrangement (e.g., my home, etc.).

I agree to comply with all conduct and work performance polices, regulations, and standards, including reporting requirements established under relevant policies.

I understand that as an employee I am responsible for insuring all equipment not owned by Murray State University used for flexible work arrangements.

I understand that management and responsibility for university owned equipment still applies while working at an alternate location.

__ I understand that the University will not be responsible for operating costs, home maintenance, property or liability insurance, or other incidental expenses (utilities, cleaning services, etc.) associated with the use of the employee's residence.

__ I understand that I am responsible for any tax implications of a home-based work location.

__ I understand that this Flexible Work Arrangement Form is limited to items outlined herein and that no additional agreements regarding employment have been created, modified, or implied through this Flexible Work Arrangement Form.

__ I understand that all changes to the agreed upon schedule must be communicated, in advance, to my supervisor to ensure accurate time reporting and payroll processing.

Employee Signature

Date

Supervisor Signature

Date

Recommended:

Administrative Head/Dean/Director Signature

Date

Vice President or President Signature

Date

Approval:

Human Resources Signature

Date