

University of Wyoming
Long-Term Flexible Work Arrangement Agreement (Greater than 45 Days)

Employee Name: _____ Contact Phone: _____

As a participant in the UW Flexible Work Arrangement Policy, I attest that I have reviewed and agree to comply with the terms and conditions listed in this *Flexible Work Agreement*, and all other terms and conditions of employment.

- I agree to spend approved flexible work time (days and hours listed within this Agreement) performing the assigned duties and responsibilities of my position. For nonexempt employees, any additional hours involving overtime work at any work site must be approved in advance by the Appointing Authority or designee (e.g., manager or supervisor).
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities.
- I agree to contact my manager or supervisor to request prior approval for leave, when needed.
- I agree to maintain a safe and secure work environment. I agree to allow the University to assess safety and security, upon reasonable notice.
- I have arranged, if applicable, for dependent care, and personal disruptions such as non-business telephone calls and visitors will be kept to a minimum.
- I agree to inform the Appointing Authority or designee and the Division of Information Technology any time there is an actual or suspected system security issue that arises during my work at my flexible work site. I agree to maintain the confidentiality of materials I access as a part of my employment, and to abide by the University's policies for employees, including any applicable policies governing information, security, software, software licensing and data privacy as well as the requirements of applicable state and federal law.
- I understand that all equipment, records and materials provided by the University shall remain the property of the University. I agree to use University-owned equipment, records and materials for purposes of University business only, and to protect them against unauthorized or accidental access, use, modification, destruction or disclosure. Any instances of loss, damage or unauthorized access shall be reported to my Appointing Authority or designee at the earliest reasonable opportunity.
- I agree to return University equipment, records, and materials within three (3) days of termination of this Agreement. All University equipment will be returned to University for inspection, repair, replacement or repossession within three (3) days written notice.
- I understand that UW or specific department or division is not liable for any damages to my personal or real property while I am performing official duties at my flexible work location.
- I agree to immediately report to the manager or supervisor any work-related injuries that occur while in the flexible work arrangement at the earliest reasonable opportunity. I agree to hold harmless the University for Injuries to others at my flexible work site identified in this Agreement.
- I understand that the sole purpose of this agreement is to regulate the flexible work arrangement, and that it does not constitute a contract of employment. I understand that I am responsible for any tax consequences, if any, as a result of this arrangement and for conformance to any local zoning or other applicable ordinances or regulations.
- I understand that this flexible work arrangement is not an employee right.

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Work Schedule

Day of the Week	Work Hours/ On-Site or Off-Site
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Flexible Work Site Information

Address	
Phone Number	
Alternate Phone Number	

Expiration

Agreements that extend beyond December 31st of the calendar year will require a new agreement at the beginning of the next calendar year and then each calendar year thereafter. Periodic review and discussion of FWA Agreement between supervisor and employee is encouraged regularly and annually following UW's Performance Cycle.

I understand that this flexible work agreement will end on _____ (mm/dd/yy - date.)

Training

Flexible Work Arrangements that incorporate any element of remote work require training for employee and supervisor. If there is no remote work element then dates are non-applicable.

Employee completed *Remote Worker for Employees* training on _____ (mm/dd/yy - date.)

Supervisor completed *Leading and Managing Remote Teams* training on _____ (mm/dd/yy - date.)

Approvals

Submit completed form to your Decentralized Human Resources Representative. DHR will enter Flexible Work Arrangement Agreement into HCM initiating workflow approvals.