

## Wright State University Flexible Work Arrangement Agreement Form

Effective Date: \_\_\_\_\_ Agreement Review Date \_\_\_\_\_

Staff Name: \_\_\_\_\_ UID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

College/Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

- Classified Non-Bargaining Unit     Classified Bargaining Unit  
 Unclassified Hourly                          Unclassified Salary

**Labor Group (if applicable)**

- Teamsters     FOP

**Arrangement:**

- Flex Hours (i.e., 9am-6pm)  
 Compressed Work Week (i.e., four (4) days ten (10) hours)  
 Flexplace

**Instructions**

1. Details of this arrangement should be attached to this document.
2. The staff member and the supervisor should each retain a copy of this agreement and details attached.
3. The supervisor should forward a signed copy of this agreement to Human Resources.
4. The supervisor should schedule periodic reviews with the staff member to evaluate effectiveness of agreement and a final annual review date.

	Core/Peak Hours	Flex Hours	Compressed Work Hours	Flexplace (check days)	Please provide any additional expectations for this agreement
Sunday				<input type="checkbox"/>	
Monday				<input type="checkbox"/>	
Tuesday				<input type="checkbox"/>	
Wednesday				<input type="checkbox"/>	
Thursday				<input type="checkbox"/>	
Friday				<input type="checkbox"/>	
Saturday				<input type="checkbox"/>	

I have read and understand the Flexible Work Arrangement Policy. I understand that the continuation of a flexible work arrangement is not guaranteed and that the business needs of the operation take precedent. I understand that any changes to my performance as well as any failure to adhere to the expectations set by my supervisor may result in termination of this flexible work arrangement agreement. I further acknowledge that while working under a flexible work arrangement, I continue to be responsible for following all WSU policies. Failure to comply with all WSU policies may have an adverse effect on my employment, and could result in disciplinary action, up to and including termination.

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_  
Received in HR Date