

Date

EMPLOYEE NAME
CAMPUS ADDRESS
CAMPUS SPEED SORT

SUBJECT: Letter of Understanding Regarding Flexible Work Arrangement

Dear EMPLOYEE NAME,

This Letter of Understanding outlines the changes to your work schedule, benefits, leave accruals, etc. and explicitly states the nature of your flexible work arrangement (FWA).

You have requested a FWA, specifically, [insert FWA type here and detailed description of work schedule]. You and I have met and discussed a variety of aspects regarding changing your work schedule. After our conversations and subsequent interactions with [insert name of next higher-level supervisor], I have agreed to a pilot period of [insert number of days].

Prior to any final decision to continue your FWA, a successful pilot period must be completed. The pilot period will begin on [insert begin date] and end on [insert end date]. You may work according to the FWA details outlined below and be subject to the wage and benefit details outlined in this Letter of Understanding. During this time, we should remain in close contact to ensure that any possible problems are resolved so this FWA can be successful for you and the [insert unit name].

[insert pay period length, i.e. "Two weeks" or "One month"] prior to the end of the pilot period we will meet and go over my decision regarding whether or not to grant a continuance of your FWA.

Employee initials to Acknowledge Understanding of Information on this Page _____

see blue.

Below are the specific details that will govern your FWA, until you receive further notice from me. Please note that the details below are subject to modification during the pilot period.

[Explicitly list the following pieces of information:

1. The effective date;
2. The time period, if the FWA will be for a finite period of time;
3. The length of notice that must be given by either the supervisor or the employee if the FWA as described here must be amended or revised;
4. The length of notice that must be given by either the supervisor or the employee if the FWA does not work out and must end;
5. That the FWA will be reevaluated on a regular basis, but at the least annually, during the Performance Evaluation process;
6. The change, if any, to the daily start and end times;
7. The change, if any, to the number of hours worked daily;
8. The change, if any, to the number of hours worked weekly;
9. The change, if any, to the days on which an employee works;
10. The change, if any, to paid leave accruals (vacation, temporary disability and holiday);
11. The change, if any, to the amount the employee must pay for health insurance once the FWA goes into effect;
12. The change, if any, to the employee's and/or the university's contributions to the employee's retirement plan;
13. If the FWA is telecommuting:
 - a. Give the address for the alternative work site;
 - b. List the specific items that will be provided by the *department*, such as writing utensils, paper, post-its, paper clips, computer, scanner, internet access, remote UK phone line, desk, chair, phone, fax machine, printer, filing space, etc.; and
 - c. List the specific items that must be supplied by the *employee*, such as writing utensils, paper, post-its, paper clips, computer, scanner, internet access, remote UK phone line, desk, chair, phone, fax machine, printer, filing space, etc.]
 - d. (If alternative work site is the employee's home.) Initial here: _____ I, [employee name], certify that I will not be the primary individual responsible for the care of my children during the hours in which I am working at my alternate work site.

Employee initials to Acknowledge Understanding of Information on this Page _____

see blue.

14. Any required on site attendance, such as department meetings, mandatory training, Plan B emergency operations, etc.

15. Any other pertinent details regarding the FWA.

The decision to allow a pilot period and the decision to continue a FWA is very much contingent upon the following conditions, on a continual basis:

- [employee name] shall perform all work duties and uphold major job responsibilities at the expected performance standard.
- [employee name]'s work schedule shall not interfere with normal interactions with the supervisor, co-workers or internal and external customers.
- [employee name]'s FWA of ([insert specific type here]) shall not adversely affect the ability of other university employees to perform their work.
- [employee name] shall, within reason, ensure his/her accessibility to staff who maintain traditional hours.
- [employee name] shall adhere to the agreed upon FWA ([insert specific type here]) and the associated details, guidelines and restrictions outlined in this Letter of Understanding.

All of [employee name]'s obligations and responsibilities, and terms and conditions of employment with this university remain unchanged, except those (outlined here) that specifically changed due to the granting of a FWA.

Failure to meet the conditions stated in this Letter of Understanding by [employee name] may result in modifications or termination of the FWA. Such modification or termination shall require [insert length of one pay period, etc.] notice to [employee name] before it will become effective.

Any change to your FWA as described in this Letter of Understanding will be discussed with you, if at all possible, prior to becoming effective, and will be submitted to you in writing. Any change you wish to make to your FWA must be discussed with me and documented to your supervisor in writing. I have the authority to either grant or deny changes and modifications requested by you.

As a part of your annual Performance Evaluation, which takes place every year during the month [insert month of PE], we will review this FWA to ensure no modifications or revisions are necessary.

If you have questions or concerns regarding our arrangement to allow you to enjoy [insert FWA type here], please call me, [insert supervisor's first and last name] at [phone number, including area code] or email me at [insert email address].

Employee initials to Acknowledge Understanding of Information on this Page _____

see blue.

With very best regards,

Signature of Supervisor

PRINTED SUPERVISOR NAME

I have read and understand this Letter of Understanding and all its provisions for a pilot period. By signing below, I agree to be bound by its terms and conditions.

Employee

Date

Employee's Job Title and Grade

This agreement for a pilot period is approved by:

Printed name of next higher-level supervisor

Signature

Title of next higher-level supervisor

Date

Printed name of Dean's Office approval

Signature

Title of Dean's Office approval

Date

Subsequent to Pilot Period

- Approve FWA for continuance with no revisions.
- Approve FWA for continuance with attached revisions.
- Deny request for FWA – rationale attached.

Employee initials to Acknowledge Understanding of Information on this Page _____

see blue.

I have read and understand this Letter of Understanding and all its provisions for a continuance of my FWA. By signing below, I agree to be bound by its terms and conditions for the continuance of the FWA described herein.

Employee

Date

This agreement to continue the FWA is approved by:

Supervisor

Date

Employee initials to Acknowledge Understanding of Information on this Page _____

see blue.