

A Flexible Work Arrangement Agreement (FWAA) is a document that summarizes a flexible work arrangement between an employee, their supervisor, and appropriate university leadership. FWAA's are required for situations in which an employee is performing assigned duties that would normally be carried out on-campus or at a university worksite during a standard work schedule of the employee's unit. The FWAA defines the specific flexible working arrangement that has been authorized for the employee to work on a consistently scheduled basis and the way assigned duties will be completed.

Exceptions:

- A Flexible Work Arrangement Agreement is not required for occasional and intermittent worksite flexibility if it is considered to be a mutually beneficial working situation between an employee and their supervisor.
- Consistent with longstanding practice, academic faculty have the flexibility to choose the location in which they do their work, aside from their scheduled on-site classes, required on-site office hours, and required on-site staff meetings or other in-person engagements. Academic faculty do not need a flexible work arrangement agreement to continue these customary work practices.
- Flexible Work Arrangement Agreements are not required for approved leaves of absence, including sabbaticals.

Instructions:

1. Employee and supervisor meet to discuss the specifics of the flexible work arrangement and to determine whether a flexible work arrangement is suitable for the employee's specific position and the business needs of the unit.
2. Employee and supervisor complete Sections A, B, C, and D of the FWAA.
3. Supervisor consults unit leadership for final approval.
 - a. FWAA's for work locations outside the state of Oregon and within the United States or outside the United States must be routed through Employee and Labor Relations.
 - Employee and Labor Relations will provide supervisor and unit leadership with an overview of considerations and costs associated with flexible work arrangements occurring outside the state of Oregon, or outside the United States.
 - Supervisor and unit leadership will make a final determination on whether to approve the flexible work arrangement based on information provided by Employee and Labor Relations and an understanding of costs to the unit.
4. If the requested flexible work arrangement is approved, the supervisor will upload the completed FWAA for signatures in DocuSign. The DocuSign signing order should be as follows:
 - a. Employee
 - b. Supervisor
 - c. Unit Leadership
 - d. Employee and Labor Relations
 - (if FWAA is for a work location outside the state of Oregon and within the United States, or outside the United States)

FLEXIBLE WORK ARRANGEMENT REQUEST

A. Employee Information

Employee Name (please print): _____
Last Name First Name

University ID: _____ Title: _____

Department/Unit: _____

Supervisor Name (please print): _____

Employee type:

- Academic Faculty
- Classified
- Graduate Assistant
- Law Enforcement
- Professional Faculty
- Student Employee

B. Flexible Work Arrangement

Please select which arrangements are being agreed to and provide additional information.

Modality:

Fully Remote

- Employee will complete assigned duties at a location not owned or operated by the university; employee will participate in meetings and work tasks virtually.

Hybrid

- Employee will complete assigned duties both on site and remotely.

Location:

Please provide the address where work will be performed.

Street Address

City, State, Zip Code

Country

NOTE: Please note that requests to perform work at locations outside of the state of Oregon or outside the US may need to be routed through an external consultant for review of additional considerations and costs before the work location can be approved.

Schedule

If a modification to scheduled working hours is being requested, please indicate it below.

Irregular Schedule

- Employee will work a fixed 40-hour weekly work schedule which differs from Monday-Friday 8:00 am – 5:00 pm PST.

| Day Worked | Time Worked | | Total Hours |
|------------|-------------|-----------|----------------|
| | Start Time | Stop Time | Worked per Day |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Flexible Schedule

- Employee may vary when their 40 hours are worked within a week without following a fixed schedule.

General description of flexibility being requested: _____

Office Space:

FWAA will create opportunities for assigning office space. Please indicate below the office space type that will be assigned as part of this FWAA.

Private Office

- Position functions require frequent meetings with up to two others and/or require confidentiality, security, visual and acoustical privacy.

Shared Private Office

- Position functions require meeting with up to two others and/or requiring some confidentiality, security, visual and acoustical privacy

Individually Assigned Workstation

- Position functions do not require dedicated space for meetings and needs for confidentiality, security, visual and acoustical privacy can be accommodated through intermittent use of a dedicated private space within the unit.

Shared Workstation

- Position functions do not require additional space for meeting and needs for confidentiality, security, visual and acoustical privacy can be accommodated through intermittent use of a dedicated private space within the unit.

C. Equipment & Security

Please indicate below whether any university property or equipment will be loaned to the employee, and that applicable guidelines and processes have been consulted and followed.

Equipment Loan

No University equipment will be used at the remote work location.

Employee's initials: _____ Supervisor's initials: _____

University equipment will be used at the remote work location.

I have read, understand, and agree to abide by the Equipment Loaned policy available [online](#). I have submitted a [Property Loan Agreement](#) to my supervisor. I will also email a copy of the Property Loan Agreement to Fixed.Assets@oregonstate.edu if the agreement contains a [capital asset](#).

Security

I have read, understand, and will follow the guidance provided by University Information and Technology (UIT) regarding best practices for Secure Remote Work, available at <https://uit.oregonstate.edu/infosec/secure-remote-work>.

D. Business Needs (to be completed by supervisor)

Please describe how the job duties and expectations will be met during flexible work. _____

Flexible Work Arrangement Dates:

Begin Date

End Date

E. Employee Acknowledgement

The FWAA is subject to the terms and conditions stated in the OSU Flexible Work Arrangement Policy, a copy of which is attached.

Employee Signature

I have read and understand both the OSU Flexible Work Arrangement Policy and this Flexible Work Arrangement Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate a voluntary flexible work arrangement. This agreement neither constitutes an employment contract nor an amendment to any existing contract. I understand that this flexible work arrangement agreement may be terminated at any time within generally three (3) working days advance notice by either myself or the University.

Employee Signature

Date

APPROVALS

F. Supervisory Signatures

If the Flexible Work Arrangement Agreement includes a request for a remote work location outside the state of Oregon and within the United States or outside the United States, additional consultation and approval is required.

If applicable:

- I acknowledge receipt of detailed consultation regarding additional costs and implications of my employee working outside the state of Oregon and within the United States or outside the United States, and I approve this Flexible Work Arrangement and associated costs borne by my unit.

Supervisor Signature

Date

Dean/VP or Designee Signature

Date

G. ELR Signature (if FWAA is for a work location outside the state of Oregon and within the United States, or outside the United States)

For classified and student employees, route to Bill Sexton for signature. William.Sexton@oregonstate.edu

For professional faculty, and academic faculty route to Trina Young for signature. Trina.Young@oregonstate.edu.

For Graduate Assistants, route to Carol Millie for signature, Carol.Millie@oregonstate.edu.

- I verify this agreement has been reviewed for compliance with applicable labor laws and bargaining contracts.

Employee & Labor Relations Officer Signature

Date