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**Flexible Work Arrangement (FWA) Agreement— Standard Hybrid Telecommuting – Three or more days per week on-site at a university work location and the remainder of time is spent at an off-site location within the same state as the on-site university work location**

*This form should be used for* ***Standard Remote Work and Hybrid Telecommuting Arrangements*** *(under Section II.B of the* [*Flexible Work Arrangement Guidelines for Staff*](https://www.cmu.edu/hr/assets/hr/fwa-guidelines.pdf)*).*

***For requests for Non-Standard Hybrid/Telecommuting and Complete Remote Work Arrangements*** *(under Sections II.C, II.D and II.E of the Flexible Work Arrangement Guidelines for Staff) please use Workday to initiate the request. For more information on the Workday process, please review the* [*FWA Campus System Guide [pdf]*](https://www.cmu.edu/my-workday-toolkit/quick-guides/restricted/fwa-campus-guide.pdf)*.*

*Standard Remote Work and Hybrid Telecommuting arrangements require departmental approval. Supervisors should submit approved forms to the HR business partner for their college/division. The HR business partner reviews the form and uploads it to the employee’s Workday employment record. All FWAs must follow the* [*Flexible Work Arrangement Guidelines for Staff*](https://www.cmu.edu/hr/assets/hr/fwa-guidelines.pdf)*. Incomplete forms will result in a delay in processing.*

* *Note: Supervisors can utilize the Workday process to submit Standard Remote Work and Hybrid Telecommuting arrangements as opposed to this form. See the* [*FWA Campus System Guide [pdf]*](https://www.cmu.edu/my-workday-toolkit/quick-guides/restricted/fwa-campus-guide.pdf) *for more information.*

**Section I: Employee Information**

**Effective Begin Date:** Click or tap to enter a date.

**Effective End Date:** Click or tap to enter a date.

**Employee Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Supervisor:** Click or tap here to enter text.

**University Location:** This position is based in Click or tap here to enter text.

**Employee Off-Site Telecommuting Location** (Any changes to the off-site telecommuting location must be pre-approved and this agreement updated.)

**Street Address:** Click or tap here to enter text.

**City, State and Zip Code:** Click or tap here to enter text.

**Number of days on-site:**

**Days on-site each week are set (list days of week)** Click or tap here to enter text.

You will be required to be onsite as business needs dictate and as directed by your supervisor**.**

**Days on-site vary each week (list total number of days)** Click or tap here to enter text.

You will be required to be onsite as business needs dictate and as directed by your supervisor**.**

**Section II: Conditions of the Flexible Work Arrangement**

* **Work Schedule:** You are expected to begin on time and work a full schedule each day. If illness or other problems will cause you to miss work, you are asked to notify your supervisor within the first hour of your scheduled workday.
* **Employee Convenience:** Unless the terms of your offer of employment expressly indicate otherwise or you are being granted this FWA for business related reasons, this FWA is made available to you at your request and for your own personal convenience.
* **The University’s Expectations of FWA Employees:** You are expected to conduct your work with the same high professional, technical and ethical standards required of onsite employees. You remain bound by all policies and procedures of the university and your respective department. You must complete all required training at the university in a timely manner.
* **Termination of FWA:** FWAs are a privilege available only to eligible employees at the sole discretion of the university and for the convenience of the employee. No right to work remotely or through telecommuting exists. This FWA may be terminated by the university at any time, with or without cause, upon written notice to you. In the event this FWA is terminated, you will be required to work at the onsite university work location determined by the university. The university is not responsible for any expenses, costs, damages, or losses incurred by you and as a result of the termination of this FWA.
* **Failure to Adhere:** Failure to adhere to the terms of this FWA may result in termination of the telecommuting arrangement and/or disciplinary action, up to and including, termination of employment.
* Change of Positions/Role: This FWA is based on your current role. If you transfer to a different position, this FWA is no longer applicable.
* **Equipment Supplied:** For this FWA, the university may supply you with a computer and other supplies as reasonably required for your work as determined by the university consistent with its policies. Other supplies you may need in the course of your work will be discussed and purchased if approved by the university. Should your employment end for any reason, you will be required to return immediately all university equipment and other property in your possession.
* **Office Space:** You will need to designate a specific room at your off-site work location to perform your work. In the event of a work-related injury while working from your off-site work location, upon reasonable advance notice, you may be asked to provide access to your off-site work location to allow for investigation of a workers' compensation claim. You are also responsible for reporting any injuries you receive while telecommuting from this off-site work location.
* **Travel:** During the course of and/or notwithstanding the provisions of this FWA, from time to time the duties of your job may require you to come to campus for meetings or other university business. In these circumstances, expenses incurred commuting between your home and campus are considered personal commuting expenses and will not be reimbursed, unless an exception is approved in writing through your department’s normal exception approval process. (Note that personal commuting expense exception approvals are rare.) These expenses include, but are not limited to, gas, tolls, mileage, and parking. If an exception is approved, the reimbursement of your personal commuting expenses will be included in your income as taxable wages.
* **Communication:** You are expected to maintain regular, frequent communications with your supervisor and other coworkers as appropriate to your position and duties and your supervisor’s preferences.
* **Security:** You will be required to maintain your computer, and the information to which you have accesssecurely.You must comply with all Information Security Office directives relating to patching, virus scanning and software updating.
* **Family Care Demands:** During established work hours at the off-site work location, family care demands are not permitted to compete with work except in the case of an emergency when the applicable time off options must be used. Flexible work arrangements are not a substitute for family care demands.
* **Amendments:** The university reserves the right to amend the terms of this FWA at any time upon written notice to you, and you will be bound by such amendments. In such instances, your supervisor will provide you with reasonable notice of the change, whenever possible.
* **Terms and Conditions:** All other terms and conditions of your employment remain unchanged, and all university policies and procedures continue to apply.

**Section II: Signatures and Attestation**

I have read and understand the conditions set forth in this Flexible Work Arrangement and indicate my acceptance of the terms by signing below.

**Employee Signature and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisors: Please forward this form to your department’s HR business partner. The HR business partner will review the form and upload it into the employee’s Workday employment record. Please retain a copy in the employee’s departmental personnel file and provide a copy to the employee.*