



FLEXIBLE / REMOTE Work Arrangement Request and Agreement Form

Employee Name: _____ Position: _____

Department: _____ Date: _____

Section I: To be completed by the employee requesting a flexible work arrangement.

Describe the nature of the flexible or remote work arrangement that you are requesting (such as days, hours, or specific schedule being requested).

Based on this requested schedule, provide details of how your job responsibilities will be accomplished without compromise of quality of work or compromise of customer/staff/student experience.

Section II: Employee Certification and Agreement

I have detailed my request for a flexible/remote work arrangement and I recognize that, if approved, this will be a privilege and the arrangement may be suspended or canceled at any time regardless of my performance or ability to complete my job responsibilities. If canceled, I understand and agree that I will return to a standard work schedule immediately. I understand that my supervisor/dean/provost may choose to modify, suspend, or terminate this arrangement at any time.

I understand that in situations where my arrangement requires specific software, hardware, or other technical or electronic support beyond what is required for my current position, I am responsible, not the University, for the related expenses. Further, in the course of carrying out University business, I will adhere to the University's policies for information technology and security that govern appropriate use of University resources and the protection of all University data.

Employee's Signature: _____ Date: _____

Section III: To be completed by the employee's immediate supervisor.

I have reviewed and considered this request for a flexible / remote work arrangement:

_____ Request Approved

_____ Request Declined

If approved, describe the required terms and conditions along with how the flexible or remote work arrangement will be monitored and measured in terms of effectiveness throughout the flexible work arrangement time period.

Supervisor's Signature: _____ Date: _____

Vice President / Dean/ Provost Signature: _____ Date: _____

* Please submit completed form to humanresources@mountunion.edu