



UVA Flexwork Agreement

Employee:

Name	School/Dept.	Phone	Computing ID

Supervisor:

Name	School/Dept.	Phone	Computing ID

Alternate Work Location: Home _____ Other _____

Address	City	State	Zip Code

Expected Flexwork Duration ("N/A" for indefinite/permanent):

Start Date		End Date	
------------	--	----------	--

Description of Anticipated Work Schedule:

Check all that apply:

On-site Day(s): M T W Th F S Su # Work Hours: _____Alternate Work Site Day(s): M T W Th F S Su # Work Hours: _____There is no requirement to have a set on/off site schedule. Manager has discretion. **Total Work Hours:** _____**Alternate Worksite Internet Connection:** Does Employee have reliable and sufficient high-speed internet connectivity to perform all assigned job duties and work functions? Yes _____ No _____**Acknowledgments:**I have read the [UVA Flexwork Guidance and FAQs](#).

I understand that I am required to comply with all University policies and guidelines.

I must update my address in Workday if I will be working outside the Commonwealth of Virginia.

I may terminate participation in flexwork unless it was a "condition of employment" at hire.

My supervisor may amend or terminate my participation in flexwork at any time.

Please initial: _____**Please initial:** _____**Please initial:** _____**Please initial:** _____**Please initial:** _____**Approvals:**

By signing below the employee and supervisor agree to the terms of this Flexwork Agreement. A copy of the agreement is to be retained by the Department/Unit and uploaded into Workday. Failure to comply with the terms of this Flexwork Agreement may result in termination of the Agreement and/or appropriate disciplinary action.

Employee_____
Date_____
Supervisor/Manager_____
Date