AGREEMENT FORMFlexible Work Arrangement

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Employee Name:			Effective Date:					
Employee ID:			Supervisor:					
Job Title:			O Univers	sity Staff	Classified Staff			
Address of re	Address of remote work (if applicable):							
Any arrangement lasting longer than 3 months requires a Flexible Work Arrangement Form to be completed. Limited and short-term changes in schedule can be requested via email to supervisor. Scheduled Work Hours/Schedule Indicate scheduled hours (ex. 8am-5pm) whether you have a fully remote or hybrid schedule for in-office and/or remote								
	ble below. Part-time employe							
	In-Office Work Hours	Remote Work	Hours					
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
This Flexible Work Arrangement includes the following requirements and provisions (check all that apply): Required communication channels: Zoom Teams								
Email								
	I phone number							
Slack								
Other Indicate any special instructions or requirements:								
Required de	ocument storage and m	anagement:						
Teams Shared of Google of Other (de	drive drive etail if applicable):							
Indicate any s	pecial instructions or requirer	ments:						
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Required in-person meetings (detail if applicable):
Department provided equipment for remote location:
OCG provides equipment for remote locations based on a variety of factors including days remote, budget and equipment availability. Provided equipment is listed in the OCG Flexible Work Arrangement Guidance and is subject to change.
Employee and supervisor have discussed equipment needs and requests to be submitted to the department designee by the supervisor
Employee and supervisor have reviewed the Office Equipment Inventory Form to be submitted to the department designee once employee has received all equipment for their remote location
Employee responsibility: (Check that these items have been discussed and acknowledged as the employee's responsibility according to OCG's Flexible Work Arrangement Guidance.)
Internet access (remote location) Home utilities (remote location)
Parking on campus
Travel costs to OCG office
Mileage
Domestic travel
Cell phone/mobile phone costs
Backup equipment (detail if applicable):
Fully remote:
Tuny remote.
A fully remote arrangement has no requirement to be physically present on campus. If the department requires employees to attend in-person work meetings, retreats or other obligations, the department is responsible for the travel and parking costs as outlined in CU Boulder's Work Modalities Guidance .
Other considerations: (If applicable, note responses to the following questions.)
 What special considerations and changes are needed to ensure the employee and team continue to meet objectives given this flexible work arrangement?
 How will the supervisor monitor or assess productivity? Are there any other unique considerations or requirements of this work arrangement?



Terms of Agreement

The duties, responsibilities, and conditions of employment remain unchanged. The employee shall perform all job duties at a satisfactory performance level, to be determined by the supervisor.

Salary and benefits remain unchanged and Workers Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by Workers Compensation law.

Accidents that occur on a remote worksite must be reported in writing to the employee's manager within 24 hours. The employer is not responsible for inspecting or maintaining the work site. It is the employee's responsibility to maintain an organized and safe working environment at their remote location.

CU Boulder is not responsible for injuries or property damage unrelated to such work activities that might occur in the remote work setting.

Overtime compensation (for non-exempt staff) and vacation and health and personal leave will continue to be based on hours paid during the remote work arrangement as per existing procedural language. Requests to work overtime, declare vacation or take other time off from work must be pre-approved in writing by the staff's supervisor.

According to the terms of this Agreement, the off-site work schedule is detailed in this agreement. For non-exempt staff, this specification must be in accordance with the Fair Labor Standards Act (FLSA) guidelines. If the staff member needs to change their schedule, they agree to obtain advance written approval from the supervisor.

The staff member's use of equipment, software, and all other resources provided by CU Boulder is limited to the purposes of remote work and is not intended for the staff's personal use. The decision to remove or discontinue use of the resources listed in this agreement shall rest entirely with CU Boulder.

The employee is responsible for returning all equipment to their department designees when they no longer are working remotely or upon departure from OCG at the employee's expense. Out-of-state employees are expected to ship equipment back to OCG through approved vendors provided by the department designee.

CU Boulder does not reimburse the staff member for the cost of off-site related expenses such as internet access, cell or residential telephone, residential insurance and utility costs that are incurred by the employee. The employee will not be provided reimbursement or a stipend for any transportation costs, including mileage and parking.

The employee must have and maintain VPN connectivity during work hours.

The employee understands that some information used in their work may be deemed confidential by the University and shall apply all University-required security safeguards and policies at the same level as in the regular office in order to protect such information from unauthorized disclosure, loss or damage. The staff member has responsibility for maintaining the security and confidentiality of university files, data and other information that are in the off-site work place. Staff member must review CU's IT Security Office guidance on Working Away from the Office.

The employee is responsible for securing childcare/ elder care, as needed, that allows them to fulfill their job duties.

The employee understands that they may be required to come into the office for business reasons and will prioritize the business request if that happens.

If the staff member needs to modify these arrangements, they will inform the supervisor and obtain the necessary approvals to continue the flexible work arrangement.



Verifications & Signatures

Date	Supervisor Initials	Employee Initials	Description
			Employee has read and reviewed the OCG Flexible Work Arrangement Guidance with their direct supervisor, including OCG Flexible Work Arrangement Expectations and Remote Friendly Norms.
			If employee works out-of-state, they have met with a benefits advisor regarding health insurance and tax implications.

This agreement is made with the understanding that the flexible work arrangement will not adversely affect the work and client services provided by the Office of Contracts and Grants or productivity and work quality. Employee remains obligated to comply with all federal, state and university laws, rules, policies, and instructions. Employee understands and agrees that they have no right to continue this flexible work arrangement, and the University, at its discretion, may alter or terminate the flexible work arrangement at any time.

I have read the policy, understand it, agree to the terms and certify to the verifications for a flexible work arrangement set

forth in the Flexible Work Arrangement Agreement Form.							
Employee Name (printed)	Employee Signature	Date					
Supervisor Name (printed)	Supervisor Signature	Date					
OCG Director or Deputy Director Name (printed)	OCG Director or Deputy Director Signature	Date					

Routing Instructions:

This form should be completed and then routed through DocuSign for signature.

When routing in DocuSign, include Jessica Trowbridge (iessica.trowbridge@colorado.edu) to receive a copy of this form for personnel file.