

Alternate Work Arrangement Agreement Form

Employee Name: _____ Review of Agreement Date: _____

Title: _____ Employee ID: _____

Phone: _____ Email Address: _____

Department Name: _____

Department Address: _____

Alternate Work location (if applicable): _____

Agreement Begin Date: _____

Agreement End/Review Date: _____

Check One

- Classified Staff
- Administrative Staff

Type of Arrangement Requested

- Telecommuting
- Flex Time
- Compressed Work Week

1. Details of arrangement may be attached to this document.
2. The employee and supervisor should each retain a copy of this agreement and details attached.
3. Once approved, the supervisor must file this agreement with the Department of Human Resource Services.
4. The supervisor must schedule an agreement review with employee to evaluate effectiveness of agreement at least on an annual basis.

Instructions

Business Justification for Work Arrangement:

ALTERNATE WORK SCHEDULE (HOURS)

DAYS	ON-SITE		OFF-SITE		TOTAL HOURS
	Begin	End	Begin	End	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours					

***NON-EXEMPT EMPLOYEES MUST BE SCHEDULED FOR A ONE (1) HOUR LUNCH BREAK**

Conditions Of This Agreement:

- This agreement may be severed at any time by written notification of Middle Tennessee State University or upon request of the employee.
- If working from a home-based location, Middle Tennessee State University, upon consultation with Human Resource Services, maintain the right to inspect the employee’s work facilities upon request.
- The employee will indemnify and hold Middle Tennessee State University and the State of Tennessee harmless from any and all claims, demands, judgments, liabilities, losses, damages or expenses resulting or arising from injury or property damage to third persons at employee maintained home-based work locations.
- The employee will indemnify and hold Middle Tennessee State University and the State of Tennessee harmless from any and all claims, demands, judgments, liabilities, losses, damages or expenses resulting or arising from any injury or damage to any person, corporation or other entity caused directly or indirectly by the employee’s willful, malicious, or criminal acts or omissions or for acts or omissions done for personal gain.
- Employee will maintain communication with supervisors, colleagues and others via: (list home office number/cell phone number, etc.,)
- During emergency or weather related closings the employee will: _____

Comments: _____

This document establishes an alternate work arrangement per the stipulations of Middle Tennessee State University Alternate Work Arrangements Policy (attached). By signing below, the employee agrees to abide by all stipulations stated therein.

Employee Signature: _____ Date: _____

Employee Name (Print): _____

Supervisor Signature: _____ Date: _____

Supervisor Name (Print): _____

Department Head or Dean Signature: _____ Date: _____

Department Head or Dean Name (Print): _____

Division Vice President or Provost Signature: _____ Date: _____

Division Vice President or Provost Name (Print): _____