

**I. EMPLOYEE DATA**

Employee Name:	Request Date:
Banner Number:	Position Title:
Office Phone:	Department:
Alternate Phone:	Supervisor:
Email:	

**II. FLEXIBLE SCHEDULE REQUEST**

Work Schedule <i>Assigned or Requested</i>	Enter # of Hours Regularly Scheduled Each Work Day					Additional Schedule Details <i>Additional details required if remote work days are not fixed (or are not recurring each week) or if schedule does not align with regular business hours</i>
	M	T	W	T	F	
On-Site Work						
Remote Work						<input type="checkbox"/>
Assigned On-Site Work Space (Type)		Office	Cubicle	Hoteling Space		
Assigned On-Site Work Space (Location)						
Remote Work Location (Street, City)		Street	City			
Remote Work Location (State, ZIP, County)		State	Zip	County		

Start Date	End Date (if temporary)
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**III. REMOTE WORK SITE SUPPORT**

Check all University-owned property that will be used at the remote work location and include other relevant details (serial numbers, brand/model, etc.) or limitations.

<input type="checkbox"/> Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Microphone	
<input type="checkbox"/> Monitor ( 1 or 2 )			<input type="checkbox"/> Camera	
<input type="checkbox"/> Mouse/Keyboard			<input type="checkbox"/> Office Supplies	
<input type="checkbox"/> Docking Station			<input type="checkbox"/> Office Furniture	
<input type="checkbox"/> Printer			<input type="checkbox"/> Other:	
<input type="checkbox"/> Fax/Scanner			<input type="checkbox"/> Other:	
<input type="checkbox"/> Cables (Number: )			<input type="checkbox"/> Other:	

**IV. Required Approvals**

**The FWA Agreement Request Form must be routed as a single Adobe file by the employee for required signatures.**

Employee Signature	Date
Supervisor Signature	Date
Division Head Signature	Date
AVC for HR Signature	Date
HRIS Signature	Date

**V. TERMS AND CONDITIONS OF AGREEMENT**

1. The employee understands that this agreement does not change the basic terms and conditions of employment and that the establishment of a flexible work arrangement does not create a guarantee, right, or entitlement to such an arrangement for the employee. The nature of the employee’s work and responsibilities must be conducive to a flexible work arrangement without causing disruption to performance and/or service delivery.
2. Employee agrees that employee has read Fayetteville State University’s (FSU) Flexible Work Arrangements policy and agrees to comply with it and all state, UNC System and other FSU policies and procedures and to maintain productivity, performance, communication, and responsiveness standards when working both on-site and remotely. Employees with a flexible work arrangement must be able to perform their duties free of external obligations and unreasonable interruptions.
3. The employee agrees to follow the work schedule and work location(s) noted above unless these are subsequently modified by, or in consultation with, the employee’s supervisor. FLSA non-exempt employees must maintain accurate time records in Banner Self-Service. The employee understands that an approved flexible work arrangement does not unto itself change the compensation and benefits for which the employee is eligible.
4. The employee agrees to follow all information security policies and procedures established by FSU staff, including all requirements regarding the security, confidentiality, and integrity of university records and information.
5. The employee understands that the employee’s duty station is their designated on-site FSU work site. Employees who are working from an alternative location cannot receive mileage reimbursements or record time worked for travel between their alternate work location and their assigned duty station (i.e., their “normal commute”), consistent with state and university policy and procedure. Employees approved for flexible work locations are expected to be able to report to their on-site duty station within a reasonable period of time as determined by management.
6. The employee understands that all university materials remain the property of FSU. The employee’s management will ensure that materials, equipment, and other items provided for use in a remote work environment comply with safety standards. The employee will return all university-owned property to FSU within 24 hours of the end of this agreement.
7. The employee agrees to review a **safety attestation checklist** if their flexible work arrangement includes remote work and attests: that the furniture, equipment, and other materials supplied by the employee or university for their alternate worksite is in compliance with established safety requirements, is free from hazards, and is ergonomically appropriate; that the employee will provide written notice to their manager prior to any change in location or condition of their alternate worksite; that the employee will use the same safety rules and practices applicable to their on-site workspace when at the alternate worksite; and, that the employee will follow the usual university procedures for immediate reporting of work-related illness or injury occurring at their alternate worksite. FSU’s liability for job-related accidents continues during the employee’s approved remote work hours and approved work location.
8. The employee understands that remote work arrangements outside of North Carolina may be subject to the laws and regulations of other states or countries with respect to the employee/employer relationship, that employees are expected to cooperate with FSU compliance programs for tax withholding; and that employees remain individually responsible for the payment of employee income taxes, including ensuring that sufficient taxes are remitted to taxing authorities through withholding or estimated payments.
9. The employee understands the University’s commitment to administer both the availability and the terms of flexible work arrangements equitably based upon applicable factors and without regard to an employee’s race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, or veteran status.
10. The employee understands that this agreement will be reviewed or renewed, with or without modification, at least annually. Initial approvals for arrangements should not exceed 60 calendar days and should be reassessed at that point for viability. Supervisors must provide the employee an advance notice of at least 30 calendar days for revocation of, or significant changes to, the employee’s approved flexible work arrangement. Exceptions to this minimum notice may be made, in consultation with FSU’s Office of Human Resources, due to employee misconduct, significant and sustained performance deficiencies, and/or to address critical business needs.

**VI. EMPLOYEE/APPROVERS SIGN-OFF AND FORM SUBMISSION**

Once the employee and supervisor have completed this form, the form must be routed for additional signatures. This will serve as the employee’s signature/ attestation agreeing to the terms and conditions of the arrangement. Once the Vice Chancellor or division head approves the form, it must be routed to Human Resources for review and approval to complete the process.

**This form must be routed as a single Adobe file by the employee for required signatures.**

If you have questions, please contact Kay Faircloth at [jfaircl6@uncfsu.edu](mailto:jfaircl6@uncfsu.edu) or Debbie Disbrow at [ddisbrow@uncfsu.edu](mailto:ddisbrow@uncfsu.edu).