



Flexible Work Agreement

General Work Arrangements

Employee Name: _____

Department: _____ Job Title: _____

Start Date	
Anticipated End Date	

This Flexible Work Agreement is being executed in accordance with UTRGV HOP Policy ADM 04-112 Working Remotely, and ADM 04-112 is incorporated by reference the same as if set out fully here.

1. Type of Flexible Work Agreement: Fully remote () or Hybrid ()
If fully remote, skip to number 3.
 - a. For a hybrid schedule, please include the percentage of time the employee needs to be on site: [enter percentage] _____
 - b. If applicable, indicate the specific days or times the employee is expected to work on-site:
 - i. Exempt [include the days]:

 - ii. Non-exempt: [include days/hours]
 - c. Non-exempt employees must follow all applicable policies including, but not limited to, meal and rest breaks, requesting prior approval for overtime, and timekeeping. Off-the-clock work is prohibited.
2. The employee's duties and responsibilities for a hybrid schedule are:
 - a. Remotely: [list duties]



b. On site: [list duties]

3. Fully remote: [yes or no]

4. Will remote work be performed outside of Texas? [yes or no]

a. If yes, provide physical address, city, and state of remote work:

5. Effective communication is essential for this arrangement to be successful. The employee agrees to remain accessible during designated work hours. The following methods and times of communicating are agreed upon: [contact methods, individuals, required frequency of communication, etc.].

6. The agreement will be evaluated on an annual basis and UTRGV may terminate or revise this agreement at any time, without notice.

Policies and Procedures

1. This agreement is subject to all applicable UTRGV and University of Texas System rules, policies, and procedures, and applicable state and federal laws.
2. Employee is expected to record their work hours in the same manner required as when working at the regularly assigned place of employment.
3. The employee understands and agrees that all responsibilities, terms, and conditions of employment with UTRGV remain unchanged, and this agreement does not change the at-will nature of the employment relationship with UTRGV.



The following UTRGV equipment and software will be used by the employee in the alternate workplace location and be returned to UTRGV immediately upon the expiration of this agreement:

Work Related Injuries

Employee agrees to maintain a workplace that is safe and free from recognizable hazards. Should an injury on the job occur, employee agrees to promptly advise their supervisor and report the injury under UTRGV policies as soon as possible after the injury occurs. Employee agrees to allow UTRGV to schedule an inspection of the employee’s remote worksite.

Employee Acknowledgment

I have read and understand this Flexible Work Agreement and have reviewed UTRGV HOP policy ADM 04-112 Working Remotely and understand the process. I understand that violations of this agreement may result in disciplinary action, up to and including termination of employment.

I acknowledge and understand that this agreement is not considered permanent and may end at any time for any reason at UTRGV’s discretion.

Employee Signature: _____

Employee Name (print): _____ Date: _____

Approvals

Supervisor Signature: _____

Supervisor Name (print): _____ Date: _____

*It is the supervisor’s responsibility to ensure this agreement is also aligned with departmental and divisional expectations.

Additional Approvals (required for out of state work):

Division Vice President Signature: _____

Division Vice President Name (print): _____ Date: _____

Chief Human Resources Officer Signature: _____

Chief Human Resources Officer Name (print): _____ Date: _____

Note to supervisor: Please ensure a final copy is provided to your employee and HRpartners@utrgv.edu.