



Flexible Work Agreement

To complete the DocuSign form, please read the following instructions:

1. To initiate a remote work request, please complete the Flexible Work Agreement form by clicking the link to the DocuSign: [Flexible work Agreement](#)
2. You will first encounter a screen to enter the names of the individuals involved. (See image below). Enter the names and email addresses of the supervisor, the Dean or Director that will approve the request, and lastly, the employee's information.

PowerForm Signer Information

Fill in the name and email for each signing role listed below.
Signers will receive an email inviting them to sign this document.
Please enter your name and email to begin the signing process.

Supervisor

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Dean/Director

Name:

Email:

Employee

Name:

Email:

3. You will then be taken to the Flexible Work Agreement form. The form is displayed below as an example of the information needed to complete the form.
4. Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=cde84a81-2c5c-44e0-be59-27ba79fe48dd&env=na3&acct=997a74ed-9a57-4679-b927-395b0fc1c95b&v=2>



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. The days or hours the employee is expected to work remotely are:

a. Exempt: [include the days]

i. Fully remote: [yes or no]

ii. For a hybrid schedule, please include the percentage of time the employee needs to be on site: [enter percentage below]

b. Non-exempt: [include days/hours]

i. For a hybrid schedule, please include the percentage of time the employee needs to be on site: [enter percentage below]

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. 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.].

4. 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.

By signing this agreement, I acknowledge that I reviewed the ADM 04-112, Working Remotely policy and process.

Approvals

Supervisor Signature: _____

Supervisor Name (print): _____ Date: _____

Dean/Director or Designee Signature

Dean/Director or Designee Name (print): _____ Date: _____

Employee Acknowledgment

I have read and understand this Flexible Work Agreement and have reviewed UTRGV HOP policy ADM 04-112 Working Remotely. 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: _____