

Central Washington University Voluntary Flexwork Agreement

Employee: _____ Department: _____

1. By signing this agreement, the employee certifies that s/he has reviewed, understands and agrees to abide by the department's and Central Washington University's Flexwork Policy and Guidelines, including but not limited to specific provisions addressing work hours and accessibility, performance expectations and revocability of the agreement. By signing this agreement, the supervisor and appointing authority certify this assignment has been reviewed and agreed upon by the employee, supervisor, and department head.
2. Terms of Employment The employee understands that this flexwork agreement is not a contract of employment between the University and the employee and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship. The employee remains obligated to comply with all university rules, policies, practices and instructions. Work hours, compensation and leave scheduling while flexworking continue to conform to applicable policies, procedures and/or collective bargaining agreements.
3. Length of Commitment & Reversibility This flexwork arrangement will begin on _____ and continue until _____ or until ended by the employee or employer, whichever is earlier. Should the employee wish to terminate the arrangement, s/he agrees to provide at least 14 calendar days' advance notice to the employer. Continuation of the agreement is subject to review for the business and productivity effectiveness of the arrangement and may be revoked at the option of the employer. The employer shall normally provide at least 14 calendar days' notice prior to termination of the agreement.
4. Flexwork Assignment, Accountability and Performance Measurement The employee's weekly work schedule must be completed below. The employee agrees to structure his or her time to ensure attendance at required meetings as designated by the supervisor. The following date has been assigned for the supervisor and employee to review the flexwork assignment: _____
5. Employee's Weekly Work Schedule For ***flextime***, complete the schedule for Week One. For a ***compressed workweek***, complete the schedule for Week One AND Week Two.

WEEK ONE		WEEK TWO	
Day of Week	Work Hours	Day of Week	Work Hours

Is the employee's workweek Sunday 12:01 AM through Saturday midnight? ____ Yes ____ No

If no, indicate workweek: _____

Employee Signature	Date
Supervisor Signature	Date
Appointing Authority	Date