** COLORADO SCHOOL OF MINES**

 **FLEXIBLE WORK ARRANGEMENT**

**REQUEST/AGREEMENT**

Before completing this form please review the Flexible Work Arrangement Policy and Procedures. All requests for a Flextime Schedule, Compressed Workweek or Remote Work must be made in writing and approved by your supervisor. This form is required when requesting Flexible Work Arrangements outside the state of Colorado, and for Classified Employees seeking a Flexible Work Arrangement. The primary consideration for Flexible Work Arrangements is always business need and approval of an alternative work schedule is at the sole discretion of the supervisor. It is a privilege, not a right or benefit, and an approved schedule may be discontinued or modified at any time.

1. **Employee**

Name: Date:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Title: Exempt [ ] Non-Exempt [ ]

Department:

Supervisor:

## Proposed Flexible Work Arrangement

## *What Flexible Work Arrangement are you proposing and what is the reason for your request?*

|  |  |  |
| --- | --- | --- |
|  [ ] Flextime ScheduleNon-standard start/stop times | [ ] Compressed Workweeke.g., four 10hr days/week | [ ] Remote WorkComplete Appendix A |
|  |

## Proposed Workweek

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Start/Stop Times** | **Proposed Start/Stop Times** | **Work Remotely** |
| Sunday |  |  | [ ] |
| Monday |  |  | [ ] |
| Tuesday |  |  | [ ] |
| Wednesday |  |  | [ ] |
| Thursday |  |  | [ ] |
| Friday |  |  | [ ] |
| Saturday |  |  | [ ] |
| **Total work hours** |  |  |  |

1. **Suitability**

*What type of work is being completed off-site? Are you working with lab equipment or anything outside of desk work (computer, meetings, working with data sets, programming, etc.)?*

[ ] **No.** [ ] **Yes.** *If yes, please share below the type of work you will be completing and what equipment you will be using to perform your position.*

*How will the proposed schedule affect the ability of you and your work unit to get the job done? Please note to what extent your work depends on customers or other staff, requires the presence of a supervisor, how productivity can be measured, the impact on co-workers, and the impact on customer service.*

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*What suggestions do you have to minimize the impacts to your stakeholders?*

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## Approvals/Denials

[ ] **Denied.**

*Reason for denial:*

|  |
| --- |
|  |

[ ] **Approved.** Start Date: End Date:

*Approved and agreed work hours and days:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Week 1****Start/Stop Times** | **Week 2****Start/Stop Times** | **Work Remotely** |
| Sunday |  |  | [ ] |
| Monday |  |  | [ ] |
| Tuesday |  |  | [ ] |
| Wednesday |  |  | [ ] |
| Thursday |  |  | [ ] |
| Friday |  |  | [ ] |
| Saturday |  |  | [ ] |
| **Total work hours** |  |  |  |

All of the employee's obligations and responsibilities, and terms and conditions of employment with Mines remain unchanged, except those specifically changed by this agreement. All Flexible Work Arrangements will be reviewed from time to time and may be terminated if your needs or the needs of Mines change. Any noncompliance with the Flexible Work Arrangement Policy may result in modification or termination of this agreement.

Employee Signature: Date:

Supervisor/Delegated Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Dean/Director/Department Head Signature: Date:

***Please email a copy of this document to Human Resources***

**Appendix A. REMOTE WORK**

This location is: [ ] employee’s residence [ ] other off-site location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] outside the State of Colorado

**Terms of Agreement:**

The duties, responsibilities, and conditions of employment remain unchanged. The employee must comply with all Mines policies and procedures while working off-site. For Remote Work within the state of Colorado, salary and benefits remain unchanged, for Remote Work outside the state of Colorado, salary and benefits may be adjusted based on cost of living, Mines benchmarks, and applicable state requirements. Workers Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by applicable Workers Compensation law. Employees must report any such work-related injuries to Human Resources immediately. Mines is not responsible for injuries or property damage unrelated to such work activities that might occur in the remote work setting.

Overtime compensation (for non-exempt employees) and vacation and health and personal leave will continue to be based on hours paid during the Remote Work arrangement as per existing procedural language. Requests to work overtime, declare vacation or take other time off from work must be pre-approved in writing by the employee’s supervisor. According to the terms of this Agreement, the off-site work schedule is detailed in this agreement. For non-exempt employees, this specification must be in accordance with FLSA guidelines and should include meal breaks. If the employee needs to change their schedule, they agree to obtain advance written approval from the supervisor.

The employee’s use of equipment, software, and all other resources provided by Mines is limited to the purposes of Remote Work and is not intended for the employee’s personal use. Mines does not provide home internet service or phone service (unless a cell phone has been approved previously). The decision to remove or discontinue use of the resources listed in this agreement rests entirely with Mines. In the event that the employee ceases employment with Mines, or the Remote Work arrangement is discontinued for any reason, the employee must agree to return all Mines property within 48 hours. Pick up or delivery of Mines property must adhere to the requirements in the Flexible Work Arrangements Policy.

If applicable, the department/unit will provide or arrange for maintenance of the equipment provided to the employee through Remote Work, and may provide for insurance coverage as per Mines insurance policies. However, the employee is responsible for the cost of any repairs caused by the misuse or abuse of the equipment, or by the employee’s own negligence. Mines reserves the right to exchange or retrieve Mines-owned property with reasonable advance notice.

Mines will not reimburse the employee for the cost of off-site related expenses such as heat, water, electricity, and any insurance coverage not provided by Mines. Personal taxes related to the off-site work space is the employee’s responsibility. For guidelines on Remote Work conducted outside of Colorado, see the Flexible Work Arrangement Policy.

The employee is responsible for maintaining the security and confidentiality of Mines files, data and other information in the off-site work place. The employee must adhere to the Administrative Data Policy and the Required IT Security Practices and Guidelines.

Remote Work is not to be regarded as a substitute for ongoing child/adult care. If applicable, the employee will attach a general description of caregiving arrangements that will be in effect during the Remote Work hours. If the employee needs to modify these arrangements, they will need to modify the Flexible Work Arrangement.

1. **Mines will provide the following equipment, software, communications resources, and/or other supplies (provide as much detail as possible, including serial numbers, if applicable).**

*Hardware (e.g., computer, webcam, etc.):*

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| --- |
|  |

*Software:*

|  |
| --- |
|  |

*Communications Resources (e.g., phone forwarding service):*

*Note: Internet service is not provided by Mines. Cell phone service requires separate approval.*

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|  |

*Other (e.g., office supplies, stipend):*

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*Additional comments/notes:*

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1. **The employee is expected to make regular visits to the on-site workplace to review work and progress with supervisors, and to meet with co-workers and customers on the following basis:**

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| --- |
|  |

I have read and understand the above expectations and the Flexible Work Arrangement Policy relating to the Remote Work arrangement. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of the opportunity to benefit from a Remote Work Arrangement.

Employee Signature: Date:

Dean/Director/Department Head Signature: Date:

For Remote Work Outside Colorado -

Provost/Vice President Signature: Date: