



# UVA Flexwork Agreement

**Employee:**

Name	School/Dept.	Phone	Computing ID

**Supervisor:**

Name	School/Dept.	Phone	Computing ID

**Alternate Work Location:** Home \_\_\_\_\_ Other \_\_\_\_\_

Address	City	State	Zip Code

**Expected Flexwork Duration ("N/A" for indefinite/permanent):**

Start Date		End Date	
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**Description of Anticipated Work Schedule:**


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Check all that apply:

On-site Day(s): M  T  W  Th  F  S  Su  # Work Hours: \_\_\_\_\_Alternate Work Site Day(s): M  T  W  Th  F  S  Su  # Work Hours: \_\_\_\_\_There is no requirement to have a set on/off site schedule. Manager has discretion. **Total Work Hours:** \_\_\_\_\_**Alternate Worksite Internet Connection:** Does Employee have reliable and sufficient high-speed internet connectivity to perform all assigned job duties and work functions? Yes \_\_\_\_\_ No \_\_\_\_\_**Acknowledgments:**I have read the [UVA Flexwork Guidance and FAQs](#).**Please initial:** \_\_\_\_\_

I understand that I am required to comply with all University policies and guidelines.

**Please initial:** \_\_\_\_\_

I must update my address in Workday if I will be working outside the Commonwealth of Virginia.

**Please initial:** \_\_\_\_\_

I may terminate participation in flexwork unless it was a "condition of employment" at hire.

**Please initial:** \_\_\_\_\_

My supervisor may amend or terminate my participation in flexwork at any time.

**Please initial:** \_\_\_\_\_**Approvals:**

By signing below the employee and supervisor agree to the terms of this Flexwork Agreement. A copy of the agreement is to be retained by the Department/Unit and uploaded into Workday. Failure to comply with the terms of this Flexwork Agreement may result in termination of the Agreement and/or appropriate disciplinary action.

\_\_\_\_\_  
Employee\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor/Manager\_\_\_\_\_  
Date