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**Flex Place Arrangement**

**(This is an optional form that may be used at the manager’s discretion)**

**Terms of Arrangement:** The duties, responsibilities, and conditions of employment remain unchanged. The employee must comply with all University policies and procedures while working off-site. Salary and benefits remain unchanged.

Overtime compensation (for non-exempt staff) will continue to be based on hours worked during the flex place arrangement as per [HR- 211 Overtime](http://www.umsystem.edu/ums/rules/hrm/hr200/hr211). Requests to work overtime, use vacation, personal days or take other time off from work must be pre-approved by the employee’s supervisor. For non-exempt staff, this arrangement must be in accordance with FLSA guidelines and should include meal breaks.

Equipment, software, furniture, and other resources that may be provided by the University for the employee to work in a flex place arrangement is limited to the purposes of flex place and is not intended for the employee’s personal use. The decision to remove or discontinue use of the resources listed above will rest entirely with the University. In the event that the employee ceases employment with the University, or the flex place arrangement is discontinued for any reason, the employee must agree to return all University property within 48 hours.

If applicable, the department/unit may provide or arrange for maintenance of the equipment provided to the employee through flex place, and will provide for insurance coverage as per the University’s all-risk policy. 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. The employee provides the University with consent, and the University reserves the right, to exchange or retrieve University-owned property with reasonable advance notice.

The University will not reimburse the employee for the cost of off-site related expenses. The employee agrees to maintain a hazard-free work environment. . Personal tax implications related to the off-site work space are the employee’s responsibility.

The employee has the responsibility for maintaining the security and confidentiality of University files, data and other information that are in the off-site work place. See the University’s Information Security Program [website](http://infosec.missouri.edu/) for more information.

The employee is expected to come 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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The University may provide the following equipment (e.g., computer, printer, modem, fax), software, furniture (e.g., desk, chair, filing cabinet), and all other resources (e.g., phone, internet service) in support of the arrangement. If you have received any of these items, please provide a description of each item and the serial or registration number:

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Workers Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by the applicable state Workers Compensation statutes. The employee must report any such work-related injuries to his or her supervisor immediately. The University is not responsible for injuries or property damage unrelated to such work activities that might occur in the flex place setting.

The flex place arrangement will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and,

if short-term, is scheduled to end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Both supervisor and employee should maintain open lines of communication about the flexible work arrangement. If concerns arise or needs of the department change, the supervisor and employee should discuss possible solutions. The flexible work arrangement may be discontinued, by either the employee or the supervisor, with reasonable notice.

I have read and understand the above expectations relating to the flex place arrangement. I agree to adhere to all University policies and procedures.

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Employee Name (printed) Supervisor or Department Signature (printed)

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Employee Signature Supervisor or Department Signature

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Date Date